

HEALTH DATA AUTHORITY AMENDMENTS

2024 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Rosemary T. Lesser

Senate Sponsor: Michael S. Kennedy

LONG TITLE

H→ [Committee Note:

~~———— The Health and Human Services Interim Committee recommended this bill.~~

~~———— Legislative Vote: 12 voting for 2 voting against 5 absent | ←H~~

General Description:

This bill modifies provisions related to the Department of Health and Human Services' health data authority.

Highlighted Provisions:

This bill:

- ▶ modifies the membership of the Health Data Committee;
- ▶ authorizes the executive director of the Department of Health and Human Services to appoint members to the Health Data Committee;
- ▶ repeals the sunset date related to the Department of Health and Human Services' health data authority; and
- ▶ makes technical changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

This bill provides a special effective date.

Utah Code Sections Affected:

AMENDS:



28 **26B-1-413**, as renumbered and amended by Laws of Utah 2023, Chapter 305
 29 **63I-1-226 (Superseded 07/01/24)**, as last amended by Laws of Utah 2023, Chapters
 30 249, 269, 270, 275, 332, 335, 420, and 495 and repealed and reenacted by Laws of
 31 Utah 2023, Chapter 329

32 **63I-1-226 (Effective 07/01/24)**, as last amended by Laws of Utah 2023, Chapters 249,
 33 269, 270, 275, 310, 332, 335, 420, and 495 and repealed and reenacted by Laws of
 34 Utah 2023, Chapter 329 and last amended by Coordination Clause, Laws of Utah
 35 2023, Chapters 329, 332

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

38 Section 1. Section **26B-1-413** is amended to read:

39 **26B-1-413. Health Data Committee -- Purpose, powers, and duties of the**
 40 **committee -- Membership -- Terms -- Chair -- Compensation.**

41 (1) The definitions in Section **26B-8-501** apply to this section.

42 (2) (a) There is created within the department the Health Data Committee.

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

47 (3) The committee shall:

48 (a) with the concurrence of the department and in accordance with Title 63G, Chapter
 49 3, Utah Administrative Rulemaking Act, develop and adopt by rule, following public hearing
 50 and comment, a health data plan that shall among its elements:

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

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

56 (iii) describe and prioritize the actions suitable for the committee to take in response to
 57 the needs identified in Subsection (3)(a)(i) in order to obtain or to facilitate the obtaining of
 58 needed data, and to encourage improvements in existing data collection, interpretation, and

59 reporting activities, and indicate how those actions relate to the activities identified under
60 Subsection (3)(a)(ii);

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

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

69 (vi) explain the intended uses of and expected benefits to be derived from the data
70 specified in Subsection (3)(a)(iv), including the contemplated tabulation formats and analysis
71 methods; the benefits described shall demonstrably relate to one or more of the following:

72 (A) promoting quality health care;

73 (B) managing health care costs; or

74 (C) improving access to health care services;

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

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

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

83 (c) evaluate existing identification coding methods and, if necessary, require by rule
84 adopted in accordance with Subsection (4), that health data suppliers use a uniform system for
85 identification of patients, health care facilities, and health care providers on health data they
86 submit under this section and Chapter 8, Part 5, Utah Health Data Authority; and

87 (d) advise, consult, contract, and cooperate with any corporation, association, or other
88 entity for the collection, analysis, processing, or reporting of health data identified by control
89 number only in accordance with the plan.

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

94 (5) (a) Except for data collection, analysis, and validation functions described in this
95 section, nothing in this section or in Chapter 8, Part 5, Utah Health Data Authority, shall be
96 construed to authorize or permit the committee to perform regulatory functions which are
97 delegated by law to other agencies of the state or federal governments or to perform quality
98 assurance or medical record audit functions that health care facilities, health care providers, or
99 third party payors are required to conduct to comply with federal or state law.

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

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

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

110 (8) (a) If a proposed request for health data imposes unreasonable costs on a data
111 supplier, due consideration shall be given by the committee to altering the request.

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

115 (9) After a plan is adopted as provided in Section [26B-8-504](#), the committee may
116 require any data supplier to submit fee schedules, maximum allowable costs, area prevailing
117 costs, terms of contracts, discounts, fixed reimbursement arrangements, capitations, or other
118 specific arrangements for reimbursement to a health care provider.

119 (10) (a) The committee may not publish any health data collected under Subsection (9)
120 that would disclose specific terms of contracts, discounts, or fixed reimbursement

121 arrangements, or other specific reimbursement arrangements between an individual provider
122 and a specific payer.

123 (b) Nothing in Subsection (9) shall prevent the committee from requiring the
124 submission of health data on the reimbursements actually made to health care providers from
125 any source of payment, including consumers.

126 (11) The committee shall be composed of [15] ~~15~~ **16** members.

127 (12) (a) ~~One~~ ~~1~~ **Two members** shall be:

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

131 ~~;~~ ~~and~~ ~~two legislators from different political parties jointly appointed by the speaker of~~
132 ~~the House of Representatives and the president of the Senate; and~~

133 ~~;~~ ~~(iii)~~ ~~(ii)~~ a member appointed by the governor who is knowledgeable regarding the
133a health

134 care system and the characteristics and use of health data.

135 (b) (i) Fourteen members shall be appointed by the ~~[governor with the advice and~~
136 ~~consent of the Senate]~~ executive director in accordance with Subsection (13) ~~[and in~~
137 ~~accordance with Title 63G, Chapter 24, Part 2, Vacancies].~~

138 (ii) No more than seven members of the committee appointed by the ~~[governor]~~
139 executive director may be members of the same political party.

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

141 (a) be knowledgeable regarding the health care system and the characteristics and use
142 of health data;

143 (b) be selected so that the committee at all times includes individuals who provide
144 care;

145 (c) include one person employed by or otherwise associated with a general acute
146 hospital as defined in Section 26B-2-201, who is knowledgeable about the collection, analysis,
147 and use of health care data;

148 (d) include two physicians, as defined in Section 58-67-102:

149 (i) who are licensed to practice in this state;

150 (ii) who actively practice medicine in this state;

151 (iii) who are trained in or have experience with the collection, analysis, and use of

152 health care data; and
153 (iv) one of whom is selected by the Utah Medical Association;
154 (e) include three persons:
155 (i) who are:
156 (A) employed by or otherwise associated with a business that supplies health care
157 insurance to the business's employees; and
158 (B) knowledgeable about the collection and use of health care data; and
159 (ii) at least one of whom represents an employer employing 50 or fewer employees;
160 (f) include three persons representing health insurers:
161 (i) at least one of whom is employed by or associated with a third-party payor that is
162 not licensed under Title 31A, Chapter 8, Health Maintenance Organizations and Limited
163 Health Plans;
164 (ii) at least one of whom is employed by or associated with a third party that is licensed
165 under Title 31A, Chapter 8, Health Maintenance Organizations and Limited Health Plans; and
166 (iii) who are trained in, or experienced with the collection, analysis, and use of health
167 care data;
168 (g) include two consumer representatives:
169 (i) from organized consumer or employee associations; and
170 (ii) knowledgeable about the collection and use of health care data;
171 (h) include one person:
172 (i) representative of a neutral, non-biased entity that can demonstrate that the entity has
173 the broad support of health care payers and health care providers; and
174 (ii) who is knowledgeable about the collection, analysis, and use of health care data;
175 and
176 (i) include two persons representing public health who are trained in or experienced
177 with the collection, use, and analysis of health care data.
178 (14) (a) Except as required by Subsection (14)(b), as terms of current committee
179 members expire, the ~~governor~~ executive director shall appoint each new member or
180 reappointed member to a four-year term.
181 (b) Notwithstanding the requirements of Subsection (14)(a), the ~~governor~~ executive
182 director shall, at the time of appointment or reappointment, adjust the length of terms to ensure

183 that the terms of committee members are staggered so that approximately half of the committee
184 is appointed every two years.

185 (c) Members may serve after the members' terms expire until replaced.

186 (15) When a vacancy occurs in the membership for any reason, the replacement shall
187 be appointed for the unexpired term.

188 (16) Committee members shall annually elect a chair of the committee from among the
189 committee's membership. The chair shall report to the executive director.

190 (17) (a) The committee shall meet at least once during each calendar quarter. Meeting
191 dates shall be set by the chair upon 10 working days' notice to the other members, or upon
192 written request by at least four committee members with at least 10 working days' notice to
193 other committee members.

194 (b) [~~Eight~~] ~~H~~→ [~~Ten~~] Nine ←~~H~~ committee members constitute a quorum for the
194a transaction of
195 business. Action may not be taken except upon the affirmative vote of a majority of a quorum
196 of the committee.

197 (c) All meetings of the committee shall be open to the public, except that the
198 committee may hold a closed meeting if the requirements of Sections [52-4-204](#), [52-4-205](#), and
199 [52-4-206](#) are met.

200 (18) A member:

201 (a) may not receive compensation or benefits for the member's service, but may receive
202 per diem and travel expenses in accordance with:

203 (i) Section [63A-3-106](#);

204 (ii) Section [63A-3-107](#); and

205 (iii) rules made by the Division of Finance pursuant to Sections [63A-3-106](#) and
206 [63A-3-107](#); and

207 (b) shall comply with the conflict of interest provisions described in Title 63G, Chapter
208 24, Part 3, Conflicts of Interest.

209 Section 2. Section **63I-1-226 (Superseded 07/01/24)** is amended to read:

210 **63I-1-226 (Superseded 07/01/24). Repeal dates: Titles 26A through 26B.**

211 (1) Subsection [26B-1-204\(2\)\(i\)](#), related to the Primary Care Grant Committee, is
212 repealed July 1, 2025.

213 (2) Section [26B-1-315](#), which creates the Medicaid Expansion Fund, is repealed July 1,

214 2024.

215 (3) Section 26B-1-319, which creates the Neuro-Rehabilitation Fund, is repealed
216 January 1, 2025.

217 (4) Section 26B-1-320, which creates the Pediatric Neuro-Rehabilitation Fund, is
218 repealed January 1, 2025.

219 (5) Subsection 26B-1-324(4), the language that states "the Behavioral Health Crisis
220 Response Commission, as defined in Section 63C-18-202," is repealed December 31, 2026.

221 (6) Subsection 26B-1-329(6), related to the Behavioral Health Crisis Response
222 Commission, is repealed December 31, 2026.

223 (7) Section 26B-1-402, related to the Rare Disease Advisory Council Grant Program, is
224 repealed July 1, 2026.

225 (8) Section 26B-1-409, which creates the Utah Digital Health Service Commission, is
226 repealed July 1, 2025.

227 (9) Section 26B-1-410, which creates the Primary Care Grant Committee, is repealed
228 July 1, 2025.

229 (10) Section 26B-1-416, which creates the Utah Children's Health Insurance Program
230 Advisory Council, is repealed July 1, 2025.

231 (11) Section 26B-1-417, which creates the Brain Injury Advisory Committee, is
232 repealed July 1, 2025.

233 (12) Section 26B-1-418, which creates the Neuro-Rehabilitation Fund and Pediatric
234 Neuro-Rehabilitation Fund Advisory Committee, is repealed January 1, 2025.

235 (13) Section 26B-1-422, which creates the Early Childhood Utah Advisory Council, is
236 repealed July 1, 2029.

237 (14) Section 26B-1-428, which creates the Youth Electronic Cigarette, Marijuana, and
238 Other Drug Prevention Program, is repealed July 1, 2025.

239 (15) Section 26B-1-430, which creates the Coordinating Council for Persons with
240 Disabilities, is repealed July 1, 2027.

241 (16) Section 26B-1-431, which creates the Forensic Mental Health Coordinating
242 Council, is repealed July 1, 2023.

243 (17) Section 26B-1-432, which creates the Newborn Hearing Screening Committee, is
244 repealed July 1, 2026.

245 (18) Section 26B-1-434, regarding the Correctional Postnatal and Early Childhood
246 Advisory Board, is repealed July 1, 2026.

247 (19) Section 26B-2-407, related to drinking water quality in child care centers, is
248 repealed July 1, 2027.

249 (20) Subsection 26B-3-107(9), which addresses reimbursement for dental hygienists, is
250 repealed July 1, 2028.

251 (21) Section 26B-3-136, which creates the Children's Health Care Coverage Program,
252 is repealed July 1, 2025.

253 (22) Section 26B-3-137, related to reimbursement for the National Diabetes Prevention
254 Program, is repealed June 30, 2027.

255 (23) Subsection 26B-3-213(2), the language that states "and the Behavioral Health
256 Crisis Response Commission created in Section 63C-18-202" is repealed December 31, 2026.

257 (24) Sections 26B-3-302 through 26B-3-309, regarding the Drug Utilization Review
258 Board, are repealed July 1, 2027.

259 (25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1,
260 2024.

261 (26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is
262 repealed July 1, 2024.

263 (27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,
264 2028.

265 (28) Section 26B-3-910, regarding alternative eligibility, is repealed July 1, 2028.

266 (29) Section 26B-4-136, related to the Volunteer Emergency Medical Service
267 Personnel Health Insurance Program, is repealed July 1, 2027.

268 (30) Section 26B-4-710, related to rural residency training programs, is repealed July 1,
269 2025.

270 (31) Subsections 26B-5-112(1) and (5), the language that states "In consultation with
271 the Behavioral Health Crisis Response Commission, established in Section 63C-18-202," is
272 repealed December 31, 2026.

273 (32) Section 26B-5-112.5 is repealed December 31, 2026.

274 (33) Section 26B-5-114, related to the Behavioral Health Receiving Center Grant
275 Program, is repealed December 31, 2026.

276 (34) Section 26B-5-118, related to collaborative care grant programs, is repealed
277 December 31, 2024.

278 (35) Section 26B-5-120 is repealed December 31, 2026.

279 (36) In relation to the Utah Assertive Community Treatment Act, on July 1, 2024:

280 (a) Subsection 26B-5-606(2)(a)(i), the language that states "and" is repealed; and

281 (b) Subsections 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c) are
282 repealed.

283 (37) In relation to the Behavioral Health Crisis Response Commission, on December
284 31, 2026:

285 (a) Subsection 26B-5-609(1)(a) is repealed;

286 (b) Subsection 26B-5-609(3)(a), the language that states "With recommendations from
287 the commission," is repealed;

288 (c) Subsection 26B-5-610(1)(b) is repealed;

289 (d) Subsection 26B-5-610(2)(b), the language that states "and in consultation with the
290 commission," is repealed; and

291 (e) Subsection 26B-5-610(4), the language that states "In consultation with the
292 commission," is repealed.

293 (38) Subsections 26B-5-611(1)(a) and (10), in relation to the Utah Substance Use and
294 Mental Health Advisory Council, are repealed January 1, 2033.

295 (39) Section 26B-5-612, related to integrated behavioral health care grant programs, is
296 repealed December 31, 2025.

297 (40) Subsection 26B-7-119(5), related to reports to the Legislature on the outcomes of
298 the Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.

299 (41) Section 26B-7-224, related to reports to the Legislature on violent incidents and
300 fatalities involving substance abuse, is repealed December 31, 2027.

301 [~~(42) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1,~~
302 ~~2024.~~]

303 [~~(43)~~] (42) Section 26B-8-513, related to identifying overuse of non-evidence-based
304 health care, is repealed December 31, 2023.

305 Section 3. Section 63I-1-226 (Effective 07/01/24) is amended to read:

306 **63I-1-226 (Effective 07/01/24). Repeal dates: Titles 26A through 26B.**

- 307 (1) Subsection 26B-1-204(2)(i), related to the Primary Care Grant Committee, is
308 repealed July 1, 2025.
- 309 (2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1,
310 2024.
- 311 (3) Section 26B-1-319, which creates the Neuro-Rehabilitation Fund, is repealed
312 January 1, 2025.
- 313 (4) Section 26B-1-320, which creates the Pediatric Neuro-Rehabilitation Fund, is
314 repealed January 1, 2025.
- 315 (5) Subsection 26B-1-324(4), the language that states "the Behavioral Health Crisis
316 Response Commission, as defined in Section 63C-18-202," is repealed December 31, 2026.
- 317 (6) Subsection 26B-1-329(6), related to the Behavioral Health Crisis Response
318 Commission, is repealed December 31, 2026.
- 319 (7) Section 26B-1-402, related to the Rare Disease Advisory Council Grant Program, is
320 repealed July 1, 2026.
- 321 (8) Section 26B-1-409, which creates the Utah Digital Health Service Commission, is
322 repealed July 1, 2025.
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- 325 (10) Section 26B-1-416, which creates the Utah Children's Health Insurance Program
326 Advisory Council, is repealed July 1, 2025.
- 327 (11) Section 26B-1-417, which creates the Brain Injury Advisory Committee, is
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- 329 (12) Section 26B-1-418, which creates the Neuro-Rehabilitation Fund and Pediatric
330 Neuro-Rehabilitation Fund Advisory Committee, is repealed January 1, 2025.
- 331 (13) Section 26B-1-422, which creates the Early Childhood Utah Advisory Council, is
332 repealed July 1, 2029.
- 333 (14) Section 26B-1-428, which creates the Youth Electronic Cigarette, Marijuana, and
334 Other Drug Prevention Program, is repealed July 1, 2025.
- 335 (15) Section 26B-1-430, which creates the Coordinating Council for Persons with
336 Disabilities, is repealed July 1, 2027.
- 337 (16) Section 26B-1-431, which creates the Forensic Mental Health Coordinating

338 Council, is repealed July 1, 2023.

339 (17) Section [26B-1-432](#), which creates the Newborn Hearing Screening Committee, is
340 repealed July 1, 2026.

341 (18) Section [26B-1-434](#), regarding the Correctional Postnatal and Early Childhood
342 Advisory Board, is repealed July 1, 2026.

343 (19) Section [26B-2-407](#), related to drinking water quality in child care centers, is
344 repealed July 1, 2027.

345 (20) Subsection [26B-3-107\(9\)](#), which addresses reimbursement for dental hygienists, is
346 repealed July 1, 2028.

347 (21) Section [26B-3-136](#), which creates the Children's Health Care Coverage Program,
348 is repealed July 1, 2025.

349 (22) Section [26B-3-137](#), related to reimbursement for the National Diabetes Prevention
350 Program, is repealed June 30, 2027.

351 (23) Subsection [26B-3-213\(2\)](#), the language that states "and the Behavioral Health
352 Crisis Response Commission created in Section [63C-18-202](#)" is repealed December 31, 2026.

353 (24) Sections [26B-3-302](#) through [26B-3-309](#), regarding the Drug Utilization Review
354 Board, are repealed July 1, 2027.

355 (25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1,
356 2024.

357 (26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is
358 repealed July 1, 2024.

359 (27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,
360 2028.

361 (28) Section [26B-3-910](#), regarding alternative eligibility, is repealed July 1, 2028.

362 (29) Section [26B-4-710](#), related to rural residency training programs, is repealed July 1,
363 2025.

364 (30) Subsections [26B-5-112\(1\)](#) and (5), the language that states "In consultation with
365 the Behavioral Health Crisis Response Commission, established in Section [63C-18-202](#)," is
366 repealed December 31, 2026.

367 (31) Section [26B-5-112.5](#) is repealed December 31, 2026.

368 (32) Section [26B-5-114](#), related to the Behavioral Health Receiving Center Grant

369 Program, is repealed December 31, 2026.

370 (33) Section 26B-5-118, related to collaborative care grant programs, is repealed
371 December 31, 2024.

372 (34) Section 26B-5-120 is repealed December 31, 2026.

373 (35) In relation to the Utah Assertive Community Treatment Act, on July 1, 2024:

374 (a) Subsection 26B-5-606(2)(a)(i), the language that states "and" is repealed; and

375 (b) Subsections 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c) are
376 repealed.

377 (36) In relation to the Behavioral Health Crisis Response Commission, on December
378 31, 2026:

379 (a) Subsection 26B-5-609(1)(a) is repealed;

380 (b) Subsection 26B-5-609(3)(a), the language that states "With recommendations from
381 the commission," is repealed;

382 (c) Subsection 26B-5-610(1)(b) is repealed;

383 (d) Subsection 26B-5-610(2)(b), the language that states "and in consultation with the
384 commission," is repealed; and

385 (e) Subsection 26B-5-610(4), the language that states "In consultation with the
386 commission," is repealed.

387 (37) Subsections 26B-5-611(1)(a) and (10), in relation to the Utah Substance Use and
388 Mental Health Advisory Council, are repealed January 1, 2033.

389 (38) Section 26B-5-612, related to integrated behavioral health care grant programs, is
390 repealed December 31, 2025.

391 (39) Subsection 26B-7-119(5), related to reports to the Legislature on the outcomes of
392 the Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.

393 (40) Section 26B-7-224, related to reports to the Legislature on violent incidents and
394 fatalities involving substance abuse, is repealed December 31, 2027.

395 ~~[(41) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1,~~
396 ~~2024.]~~

397 ~~[(42)]~~ (41) Section 26B-8-513, related to identifying overuse of non-evidence-based
398 health care, is repealed December 31, 2023.

399 Section 4. **Effective date.**

- 400 (1) Except as provided in Subsection (2), this bill takes effect on May 1, 2024.
- 401 (2) The actions affecting Section [63I-1-226](#) (Effective 07/01/24) take effect on July 1,
- 402 2024.