

Representative Tyler Clancy proposes the following substitute bill:

COURT-ORDERED TREATMENT MODIFICATIONS

2024 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Tyler Clancy

Senate Sponsor: Curtis S. Bramble

LONG TITLE

General Description:

This bill addresses court-ordered treatment.

Highlighted Provisions:

This bill:

- ▶ requires the Utah Substance Use and Mental Health Advisory Council to study issues relating to civil commitment;
- ▶ provides a sunset date for the reporting requirement;
- ▶ requires a local mental health authority to notify a peace officer or mental health officer when certain individuals are released from temporary involuntary commitment;
- ▶ amends the amount of time an individual may be held under a temporary commitment;
- ▶ amends the criteria under which a court shall order the involuntary commitment of an individual with a mental illness;
- ▶ amends the criteria and procedure for court-ordered assisted outpatient treatment;
- ▶ amends the criteria under which a court may order the involuntary commitment of an individual with an intellectual disability;
- ▶ describes information that must be provided to an individual when the individual is



26 discharged from involuntary commitment; and
27 ▶ makes technical and conforming changes.

28 **Money Appropriated in this Bill:**

29 None

30 **Other Special Clauses:**

31 This bill provides a special effective date.

32 **Utah Code Sections Affected:**

33 AMENDS:

34 **17-43-301**, as last amended by Laws of Utah 2023, Chapters 15, 327

35 **26B-5-331 (Superseded 07/01/24)**, as renumbered and amended by Laws of Utah
36 2023, Chapter 308

37 **26B-5-331 (Effective 07/01/24)**, as last amended by Laws of Utah 2023, Chapter 310
38 and renumbered and amended by Laws of Utah 2023, Chapter 308

39 **26B-5-332**, as renumbered and amended by Laws of Utah 2023, Chapter 308

40 **26B-5-351**, as renumbered and amended by Laws of Utah 2023, Chapter 308

41 **26B-6-607**, as renumbered and amended by Laws of Utah 2023, Chapter 308

42 **26B-6-608**, as renumbered and amended by Laws of Utah 2023, Chapter 308

43 **63I-2-226 (Superseded 07/01/24)**, as last amended by Laws of Utah 2023, Chapters 33,
44 139, 249, 295, and 465 and repealed and reenacted by Laws of Utah 2023, Chapter
45 329

46 **63I-2-226 (Effective 07/01/24)**, as last amended by Laws of Utah 2023, Chapters 33,
47 139, 249, 295, 310, and 465 and repealed and reenacted by Laws of Utah 2023,
48 Chapter 329 and last amended by Coordination Clause, Laws of Utah 2023, Chapter
49 329

50 ENACTS:

51 **26B-5-302.5**, Utah Code Annotated 1953

52 REPEALS:

53 **26B-5-350**, as renumbered and amended by Laws of Utah 2023, Chapter 308



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

56 Section 1. Section **17-43-301** is amended to read:

57 **17-43-301. Local mental health authorities -- Responsibilities.**

58 (1) As used in this section:

59 (a) "Assisted outpatient treatment" means the same as that term is defined in Section
60 [26B-5-301](#).

61 (b) "Crisis worker" means the same as that term is defined in Section [26B-5-610](#).

62 (c) "Local mental health crisis line" means the same as that term is defined in Section
63 [26B-5-610](#).

64 (d) "Mental health therapist" means the same as that term is defined in Section
65 [58-60-102](#).

66 (e) "Public funds" means the same as that term is defined in Section [17-43-303](#).

67 (f) "Statewide mental health crisis line" means the same as that term is defined in
68 Section [26B-5-610](#).

69 (2) (a) (i) In each county operating under a county executive-council form of
70 government under Section [17-52a-203](#), the county legislative body is the local mental health
71 authority, provided however that any contract for plan services shall be administered by the
72 county executive.

73 (ii) In each county operating under a council-manager form of government under
74 Section [17-52a-204](#), the county manager is the local mental health authority.

75 (iii) In each county other than a county described in Subsection (2)(a)(i) or (ii), the
76 county legislative body is the local mental health authority.

77 (b) Within legislative appropriations and county matching funds required by this
78 section, under the direction of the division, each local mental health authority shall:

79 (i) provide mental health services to individuals within the county; and

80 (ii) cooperate with efforts of the division to promote integrated programs that address
81 an individual's substance use, mental health, and physical healthcare needs, as described in
82 Section [26B-5-102](#).

83 (c) Within legislative appropriations and county matching funds required by this
84 section, each local mental health authority shall cooperate with the efforts of the department to
85 promote a system of care, as defined in Section [26B-1-102](#), for minors with or at risk for
86 complex emotional and behavioral needs, as described in Section [26B-1-202](#).

87 (3) (a) By executing an interlocal agreement under Title 11, Chapter 13, Interlocal

88 Cooperation Act, two or more counties may join to:

89 (i) provide mental health prevention and treatment services; or

90 (ii) create a united local health department that combines substance use treatment
91 services, mental health services, and local health department services in accordance with
92 Subsection (4).

93 (b) The legislative bodies of counties joining to provide services may establish
94 acceptable ways of apportioning the cost of mental health services.

95 (c) Each agreement for joint mental health services shall:

96 (i) (A) designate the treasurer of one of the participating counties or another person as
97 the treasurer for the combined mental health authorities and as the custodian of money
98 available for the joint services; and

99 (B) provide that the designated treasurer, or other disbursing officer authorized by the
100 treasurer, may make payments from the money available for the joint services upon audit of the
101 appropriate auditing officer or officers representing the participating counties;

102 (ii) provide for the appointment of an independent auditor or a county auditor of one of
103 the participating counties as the designated auditing officer for the combined mental health
104 authorities;

105 (iii) (A) provide for the appointment of the county or district attorney of one of the
106 participating counties as the designated legal officer for the combined mental health
107 authorities; and

108 (B) authorize the designated legal officer to request and receive the assistance of the
109 county or district attorneys of the other participating counties in defending or prosecuting
110 actions within their counties relating to the combined mental health authorities; and

111 (iv) provide for the adoption of management, clinical, financial, procurement,
112 personnel, and administrative policies as already established by one of the participating
113 counties or as approved by the legislative body of each participating county or interlocal board.

114 (d) An agreement for joint mental health services may provide for:

115 (i) joint operation of services and facilities or for operation of services and facilities
116 under contract by one participating local mental health authority for other participating local
117 mental health authorities; and

118 (ii) allocation of appointments of members of the mental health advisory council

119 between or among participating counties.

120 (4) A county governing body may elect to combine the local mental health authority
121 with the local substance abuse authority created in Part 2, Local Substance Abuse Authorities,
122 and the local health department created in Title 26A, Chapter 1, Part 1, Local Health
123 Department Act, to create a united local health department under Section 26A-1-105.5. A local
124 mental health authority that joins with a united local health department shall comply with this
125 part.

126 (5) (a) Each local mental health authority is accountable to the department and the state
127 with regard to the use of state and federal funds received from those departments for mental
128 health services, regardless of whether the services are provided by a private contract provider.

129 (b) Each local mental health authority shall comply, and require compliance by its
130 contract provider, with all directives issued by the department regarding the use and
131 expenditure of state and federal funds received from those departments for the purpose of
132 providing mental health programs and services. The department shall ensure that those
133 directives are not duplicative or conflicting, and shall consult and coordinate with local mental
134 health authorities with regard to programs and services.

135 (6) (a) Each local mental health authority shall:

136 (i) review and evaluate mental health needs and services, including mental health needs
137 and services for:

138 (A) an individual incarcerated in a county jail or other county correctional facility; and

139 (B) an individual who is a resident of the county and who is court ordered to receive
140 assisted outpatient treatment under Section 26B-5-351;

141 (ii) in accordance with Subsection (6)(b), annually prepare and submit to the division a
142 plan approved by the county legislative body for mental health funding and service delivery,
143 either directly by the local mental health authority or by contract;

144 (iii) establish and maintain, either directly or by contract, programs licensed under Title
145 26B, Chapter 2, Part 1, Human Services Programs and Facilities;

146 (iv) appoint, directly or by contract, a full-time or part-time director for mental health
147 programs and prescribe the director's duties;

148 (v) provide input and comment on new and revised rules established by the division;

149 (vi) establish and require contract providers to establish administrative, clinical,

150 personnel, financial, procurement, and management policies regarding mental health services
151 and facilities, in accordance with the rules of the division, and state and federal law;
152 (vii) establish mechanisms allowing for direct citizen input;
153 (viii) annually contract with the division to provide mental health programs and
154 services in accordance with the provisions of Title 26B, Chapter 5, Health Care - Substance
155 Use and Mental Health;
156 (ix) comply with all applicable state and federal statutes, policies, audit requirements,
157 contract requirements, and any directives resulting from those audits and contract requirements;
158 (x) provide funding equal to at least 20% of the state funds that it receives to fund
159 services described in the plan;
160 (xi) comply with the requirements and procedures of Title 11, Chapter 13, Interlocal
161 Cooperation Act, Title 17B, Chapter 1, Part 6, Fiscal Procedures for Special Districts, and Title
162 51, Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and
163 Other Local Entities Act; and
164 (xii) take and retain physical custody of minors committed to the physical custody of
165 local mental health authorities by a judicial proceeding under Title 26B, Chapter 5, Part 4,
166 Commitment of Persons Under Age 18.
167 (b) Each plan under Subsection (6)(a)(ii) shall include services for adults, youth, and
168 children, which shall include:
169 (i) inpatient care and services;
170 (ii) residential care and services;
171 (iii) outpatient care and services;
172 (iv) 24-hour crisis care and services;
173 (v) psychotropic medication management;
174 (vi) psychosocial rehabilitation, including vocational training and skills development;
175 (vii) case management;
176 (viii) community supports, including in-home services, housing, family support
177 services, and respite services;
178 (ix) consultation and education services, including case consultation, collaboration
179 with other county service agencies, public education, and public information; and
180 (x) services to persons incarcerated in a county jail or other county correctional facility.

181 (7) (a) If a local mental health authority provides for a local mental health crisis line
182 under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv), the local
183 mental health authority shall:

184 (i) collaborate with the statewide mental health crisis line described in Section
185 26B-5-610;

186 (ii) ensure that each individual who answers calls to the local mental health crisis line:

187 (A) is a mental health therapist or a crisis worker; and

188 (B) meets the standards of care and practice established by the Division of Integrated
189 Healthcare, in accordance with Section 26B-5-610; and

190 (iii) ensure that when necessary, based on the local mental health crisis line's capacity,
191 calls are immediately routed to the statewide mental health crisis line to ensure that when an
192 individual calls the local mental health crisis line, regardless of the time, date, or number of
193 individuals trying to simultaneously access the local mental health crisis line, a mental health
194 therapist or a crisis worker answers the call without the caller first:

195 (A) waiting on hold; or

196 (B) being screened by an individual other than a mental health therapist or crisis
197 worker.

198 (b) If a local mental health authority does not provide for a local mental health crisis
199 line under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv), the
200 local mental health authority shall use the statewide mental health crisis line as a local crisis
201 line resource.

202 (8) Before disbursing any public funds, each local mental health authority shall require
203 that each entity that receives any public funds from a local mental health authority agrees in
204 writing that:

205 (a) the entity's financial records and other records relevant to the entity's performance
206 of the services provided to the mental health authority shall be subject to examination by:

207 (i) the division;

208 (ii) the local mental health authority director;

209 (iii) (A) the county treasurer and county or district attorney; or

210 (B) if two or more counties jointly provide mental health services under an agreement
211 under Subsection (3), the designated treasurer and the designated legal officer;

212 (iv) the county legislative body; and

213 (v) in a county with a county executive that is separate from the county legislative
214 body, the county executive;

215 (b) the county auditor may examine and audit the entity's financial and other records
216 relevant to the entity's performance of the services provided to the local mental health
217 authority; and

218 (c) the entity will comply with the provisions of Subsection (5)(b).

219 (9) A local mental health authority may receive property, grants, gifts, supplies,
220 materials, contributions, and any benefit derived therefrom, for mental health services. If those
221 gifts are conditioned upon their use for a specified service or program, they shall be so used.

222 (10) Public funds received for the provision of services pursuant to the local mental
223 health plan may not be used for any other purpose except those authorized in the contract
224 between the local mental health authority and the provider for the provision of plan services.

225 (11) A local mental health authority shall provide assisted outpatient treatment
226 services~~[, as described in Section 26B-5-350,]~~ to a resident of the county who has been ordered
227 under Section 26B-5-351 to receive assisted outpatient treatment.

228 Section 2. Section 26B-5-302.5 is enacted to read:

229 **26B-5-302.5. Study concerning civil commitment and the Utah State Hospital.**

230 (1) (a) The Utah Substance Use and Mental Health Advisory Council shall study and
231 make recommendations concerning the need for expanded civil commitment capacity in the
232 state, including an analysis of the anticipated impact that any changes to civil commitment
233 standards made during the 2024 General Session will have on the number of individuals
234 subject to civil commitment.

235 (b) The study and recommendations described in Subsection (1)(a) shall also address
236 the role of the Utah State Hospital in serving patients who are subject to court-ordered
237 treatment, including civil commitment.

237a ~~Ĥ→~~ **(c) The study and recommendations described in Subsection (1)(a) shall also address any**
237b **additional resources or services needed to decrease the likelihood that individuals who are**
237c **subject to court-ordered treatment, including civil commitment, will enter or reenter the Utah**
237d **State Hospital or another inpatient facility.** ←Ĥ

238 (2) The Utah Substance Use and Mental Health Advisory Council shall provide a
239 report on the study and recommendations described in Subsection (1) to the Judiciary Interim
240 Committee at or before the committee's October 2024 interim meeting.

241 Section 3. Section 26B-5-331 (Superseded 07/01/24) is amended to read:

242 **26B-5-331 (Superseded 07/01/24). Temporary commitment -- Requirements and**

243 **procedures -- Rights.**

244 (1) An adult shall be temporarily, involuntarily committed to a local mental health
245 authority upon:

246 (a) a written application that:

247 (i) is completed by a responsible individual who has reason to know, stating a belief
248 that the adult, due to mental illness, is likely to pose substantial danger to self or others if not
249 restrained and stating the personal knowledge of the adult's condition or circumstances that
250 lead to the individual's belief; and

251 (ii) includes a certification by a licensed physician, licensed physician assistant,
252 licensed nurse practitioner, or designated examiner stating that the physician, physician
253 assistant, nurse practitioner, or designated examiner has examined the adult within a three-day
254 period immediately preceding the certification, and that the physician, physician assistant,
255 nurse practitioner, or designated examiner is of the opinion that, due to mental illness, the adult
256 poses a substantial danger to self or others; or

257 (b) a peace officer or a mental health officer:

258 (i) observing an adult's conduct that gives the peace officer or mental health officer
259 probable cause to believe that:

260 (A) the adult has a mental illness; and

261 (B) because of the adult's mental illness and conduct, the adult poses a substantial
262 danger to self or others; and

263 (ii) completing a temporary commitment application that:

264 (A) is on a form prescribed by the division;

265 (B) states the peace officer's or mental health officer's belief that the adult poses a
266 substantial danger to self or others;

267 (C) states the specific nature of the danger;

268 (D) provides a summary of the observations upon which the statement of danger is
269 based; and

270 (E) provides a statement of the facts that called the adult to the peace officer's or
271 mental health officer's attention.

272 (2) If at any time a patient committed under this section no longer meets the
273 commitment criteria described in Subsection (1), the local mental health authority or the local

274 mental health authority's designee shall:

275 (a) document the change and release the patient[-]; and

276 (b) if the patient was admitted under Subsection (1)(b), notify the peace officer or
277 mental health officer of the patient's release.

278 (3) ~~[(a)]~~ A patient committed under this section may be held for a maximum of ~~[24]~~ 72
279 hours after commitment, excluding Saturdays, Sundays, and legal holidays, unless:

280 ~~[(i)]~~ (a) as described in Section 26B-5-332, an application for involuntary commitment
281 is commenced, which may be accompanied by an order of detention described in Subsection
282 26B-5-332(4); or

283 ~~[(ii)]~~ (b) the patient makes a voluntary application for admission~~[-or]~~.

284 ~~[(iii) before expiration of the 24 hour period, a licensed physician, licensed physician~~
285 ~~assistant, licensed nurse practitioner, or designated examiner examines the patient and certifies~~
286 ~~in writing that:]~~

287 ~~[(A) the patient, due to mental illness, poses a substantial danger to self or others;]~~

288 ~~[(B) additional time is necessary for evaluation and treatment of the patient's mental~~
289 ~~illness; and]~~

290 ~~[(C) there is no appropriate less-restrictive alternative to commitment to evaluate and~~
291 ~~treat the patient's mental illness.]~~

292 ~~[(b) A patient described in Subsection (3)(a)(iii) may be held for a maximum of 48~~
293 ~~hours after the 24 hour period described in Subsection (3)(a) expires, excluding Saturdays,~~
294 ~~Sundays, and legal holidays.]~~

295 ~~[(c) Subsection (3)(a)(iii) applies to an adult patient.]~~

296 (4) Upon a written application described in Subsection (1)(a) or the observation and
297 belief described in Subsection (1)(b)(i), the adult shall be:

298 (a) taken into a peace officer's protective custody, by reasonable means, if necessary for
299 public safety; and

300 (b) transported for temporary commitment to a facility designated by the local mental
301 health authority, by means of:

302 (i) an ambulance, if the adult meets any of the criteria described in Section 26B-4-119;

303 (ii) an ambulance, if a peace officer is not necessary for public safety, and

304 transportation arrangements are made by a physician, physician assistant, nurse practitioner,

305 designated examiner, or mental health officer;

306 (iii) the city, town, or municipal law enforcement authority with jurisdiction over the
307 location where the adult is present, if the adult is not transported by ambulance;

308 (iv) the county sheriff, if the designated facility is outside of the jurisdiction of the law
309 enforcement authority described in Subsection (4)(b)(iii) and the adult is not transported by
310 ambulance; or

311 (v) nonemergency secured behavioral health transport as that term is defined in Section
312 [26B-4-101](#).

313 (5) Notwithstanding Subsection (4):

314 (a) an individual shall be transported by ambulance to an appropriate medical facility
315 for treatment if the individual requires physical medical attention;

316 (b) if an officer has probable cause to believe, based on the officer's experience and
317 de-escalation training that taking an individual into protective custody or transporting an
318 individual for temporary commitment would increase the risk of substantial danger to the
319 individual or others, a peace officer may exercise discretion to not take the individual into
320 custody or transport the individual, as permitted by policies and procedures established by the
321 officer's law enforcement agency and any applicable federal or state statute, or case law; and

322 (c) if an officer exercises discretion under Subsection (4)(b) to not take an individual
323 into protective custody or transport an individual, the officer shall document in the officer's
324 report the details and circumstances that led to the officer's decision.

325 (6) (a) The local mental health authority shall inform an adult patient committed under
326 this section of the reason for commitment.

327 (b) An adult patient committed under this section has the right to:

328 (i) within three hours after arrival at the local mental health authority, make a
329 telephone call, at the expense of the local mental health authority, to an individual of the
330 patient's choice; and

331 (ii) see and communicate with an attorney.

332 (7) (a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this
333 section.

334 (b) This section does not create a special duty of care.

335 (8) (a) A local mental health authority shall provide discharge instructions to each

336 individual committed under this section at or before the time the individual is discharged from
337 the local mental health authority's custody, regardless of whether the individual is discharged
338 by being released, taken into a peace officer's protective custody, transported to a medical
339 facility or other facility, or other circumstances.

340 (b) Discharge instructions provided under Subsection (8)(a) shall include:

341 (i) a summary of why the individual was committed to the local mental health
342 authority;

343 (ii) detailed information about why the individual is being discharged from the local
344 mental health authority's custody;

345 (iii) a safety plan for the individual based on the individual's mental illness or mental or
346 emotional state;

347 (iv) notification to the individual's primary care provider, if applicable;

348 (v) if the individual is discharged without food, housing, or economic security, a
349 referral to appropriate services, if such services exist in the individual's community;

350 (vi) the phone number to call or text for a crisis services hotline, and information about
351 the availability of peer support services;

352 (vii) a copy of any psychiatric advance directive presented to the local mental health
353 authority, if applicable;

354 (viii) information about how to establish a psychiatric advance directive if one was not
355 presented to the local mental health authority;

356 (ix) as applicable, information about medications that were changed or discontinued
357 during the commitment;

358 (x) a list of any screening or diagnostic tests conducted during the commitment;

359 (xi) a summary of therapeutic treatments provided during the commitment;

360 (xii) any laboratory work, including blood samples or imaging, that was completed or
361 attempted during the commitment; and

362 (xiii) information about how to contact the local mental health authority if needed.

363 (c) If an individual's medications were changed, or if an individual was prescribed new
364 medications while committed under this section, discharge instructions provided under
365 Subsection (8)(a) shall include a clinically appropriate supply of medications, as determined by
366 a licensed health care provider, to allow the individual time to access another health care

367 provider or follow-up appointment.

368 (d) If an individual refuses to accept discharge instructions, the local mental health
369 authority shall document the refusal in the individual's medical record.

370 (e) If an individual's discharge instructions include referrals to services under
371 Subsection (8)(b)(v), the local mental health authority shall document those referrals in the
372 individual's medical record.

373 (f) The local mental health authority shall attempt to follow up with a discharged
374 individual at least 48 hours after discharge, and may use peer support professionals when
375 performing follow-up care or developing a continuing care plan.

376 Section 4. Section **26B-5-331 (Effective 07/01/24)** is amended to read:

377 **26B-5-331 (Effective 07/01/24). Temporary commitment -- Requirements and**
378 **procedures -- Rights.**

379 (1) An adult shall be temporarily, involuntarily committed to a local mental health
380 authority upon:

381 (a) a written application that:

382 (i) is completed by a responsible individual who has reason to know, stating a belief
383 that the adult, due to mental illness, is likely to pose substantial danger to self or others if not
384 restrained and stating the personal knowledge of the adult's condition or circumstances that
385 lead to the individual's belief; and

386 (ii) includes a certification by a licensed physician, licensed physician assistant,
387 licensed nurse practitioner, or designated examiner stating that the physician, physician
388 assistant, nurse practitioner, or designated examiner has examined the adult within a three-day
389 period immediately preceding the certification, and that the physician, physician assistant,
390 nurse practitioner, or designated examiner is of the opinion that, due to mental illness, the adult
391 poses a substantial danger to self or others; or

392 (b) a peace officer or a mental health officer:

393 (i) observing an adult's conduct that gives the peace officer or mental health officer
394 probable cause to believe that:

395 (A) the adult has a mental illness; and

396 (B) because of the adult's mental illness and conduct, the adult poses a substantial
397 danger to self or others; and

398 (ii) completing a temporary commitment application that:
399 (A) is on a form prescribed by the division;
400 (B) states the peace officer's or mental health officer's belief that the adult poses a
401 substantial danger to self or others;
402 (C) states the specific nature of the danger;
403 (D) provides a summary of the observations upon which the statement of danger is
404 based; and
405 (E) provides a statement of the facts that called the adult to the peace officer's or
406 mental health officer's attention.

407 (2) If at any time a patient committed under this section no longer meets the
408 commitment criteria described in Subsection (1), the local mental health authority or the local
409 mental health authority's designee shall:

410 (a) document the change and release the patient[-]; and
411 (b) if the patient was admitted under Subsection (1)(b), notify the peace officer or
412 mental health officer of the patient's release.

413 (3) [~~(a)~~] A patient committed under this section may be held for a maximum of [~~24~~] 72
414 hours after commitment, excluding Saturdays, Sundays, and legal holidays, unless:

415 [(~~i~~)] (a) as described in Section 26B-5-332, an application for involuntary commitment
416 is commenced, which may be accompanied by an order of detention described in Subsection
417 26B-5-332(4); or

418 [(~~ii~~)] (b) the patient makes a voluntary application for admission[~~; or~~].

419 [(~~iii~~)] ~~before expiration of the 24 hour period, a licensed physician, licensed physician~~
420 ~~assistant, licensed nurse practitioner, or designated examiner examines the patient and certifies~~
421 ~~in writing that:]~~

422 [~~(A) the patient, due to mental illness, poses a substantial danger to self or others;~~]

423 [~~(B) additional time is necessary for evaluation and treatment of the patient's mental~~
424 ~~illness; and]~~

425 [~~(C) there is no appropriate less-restrictive alternative to commitment to evaluate and~~
426 ~~treat the patient's mental illness.]~~

427 [(~~b~~)] ~~A patient described in Subsection (3)(a)(iii) may be held for a maximum of 48~~
428 ~~hours after the 24 hour period described in Subsection (3)(a) expires, excluding Saturdays,~~

429 ~~Sundays, and legal holidays.]~~

430 ~~[(c) Subsection (3)(a)(iii) applies to an adult patient.]~~

431 (4) Upon a written application described in Subsection (1)(a) or the observation and
432 belief described in Subsection (1)(b)(i), the adult shall be:

433 (a) taken into a peace officer's protective custody, by reasonable means, if necessary for
434 public safety; and

435 (b) transported for temporary commitment to a facility designated by the local mental
436 health authority, by means of:

437 (i) an ambulance, if the adult meets any of the criteria described in Section [26B-4-119](#);

438 (ii) an ambulance, if a peace officer is not necessary for public safety, and

439 transportation arrangements are made by a physician, physician assistant, nurse practitioner,
440 designated examiner, or mental health officer;

441 (iii) the city, town, or municipal law enforcement authority with jurisdiction over the
442 location where the adult is present, if the adult is not transported by ambulance;

443 (iv) the county sheriff, if the designated facility is outside of the jurisdiction of the law
444 enforcement authority described in Subsection (4)(b)(iii) and the adult is not transported by
445 ambulance; or

446 (v) nonemergency secured behavioral health transport as that term is defined in Section
447 [53-2d-101](#).

448 (5) Notwithstanding Subsection (4):

449 (a) an individual shall be transported by ambulance to an appropriate medical facility
450 for treatment if the individual requires physical medical attention;

451 (b) if an officer has probable cause to believe, based on the officer's experience and
452 de-escalation training that taking an individual into protective custody or transporting an
453 individual for temporary commitment would increase the risk of substantial danger to the
454 individual or others, a peace officer may exercise discretion to not take the individual into
455 custody or transport the individual, as permitted by policies and procedures established by the
456 officer's law enforcement agency and any applicable federal or state statute, or case law; and

457 (c) if an officer exercises discretion under Subsection (4)(b) to not take an individual
458 into protective custody or transport an individual, the officer shall document in the officer's
459 report the details and circumstances that led to the officer's decision.

460 (6) (a) The local mental health authority shall inform an adult patient committed under
461 this section of the reason for commitment.

462 (b) An adult patient committed under this section has the right to:

463 (i) within three hours after arrival at the local mental health authority, make a
464 telephone call, at the expense of the local mental health authority, to an individual of the
465 patient's choice; and

466 (ii) see and communicate with an attorney.

467 (7) (a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this
468 section.

469 (b) This section does not create a special duty of care.

470 (8) (a) A local mental health authority shall provide discharge instructions to each
471 individual committed under this section at or before the time the individual is discharged from
472 the local mental health authority's custody, regardless of whether the individual is discharged
473 by being released, taken into a peace officer's protective custody, transported to a medical
474 facility or other facility, or other circumstances.

475 (b) Discharge instructions provided under Subsection (8)(a) shall include:

476 (i) a summary of why the individual was committed to the local mental health
477 authority;

478 (ii) detailed information about why the individual is being discharged from the local
479 mental health authority's custody;

480 (iii) a safety plan for the individual based on the individual's mental illness or mental or
481 emotional state;

482 (iv) notification to the individual's primary care provider, if applicable;

483 (v) if the individual is discharged without food, housing, or economic security, a
484 referral to appropriate services, if such services exist in the individual's community;

485 (vi) the phone number to call or text for a crisis services hotline, and information about
486 the availability of peer support services;

487 (vii) a copy of any psychiatric advance directive presented to the local mental health
488 authority, if applicable;

489 (viii) information about how to establish a psychiatric advance directive if one was not
490 presented to the local mental health authority;

491 (ix) as applicable, information about medications that were changed or discontinued
492 during the commitment;

493 (x) a list of any screening or diagnostic tests conducted during the commitment;

494 (xi) a summary of therapeutic treatments provided during the commitment;

495 (xii) any laboratory work, including blood samples or imaging, that was completed or
496 attempted during the commitment; and

497 (xiii) information about how to contact the local mental health authority if needed.

498 (c) If an individual's medications were changed, or if an individual was prescribed new
499 medications while committed under this section, discharge instructions provided under
500 Subsection (8)(a) shall include a clinically appropriate supply of medications, as determined by
501 a licensed health care provider, to allow the individual time to access another health care
502 provider or follow-up appointment.

503 (d) If an individual refuses to accept discharge instructions, the local mental health
504 authority shall document the refusal in the individual's medical record.

505 (e) If an individual's discharge instructions include referrals to services under
506 Subsection (8)(b)(v), the local mental health authority shall document those referrals in the
507 individual's medical record.

508 (f) The local mental health authority shall attempt to follow up with a discharged
509 individual at least 48 hours after discharge, and may use peer support professionals when
510 performing follow-up care or developing a continuing care plan.

511 Section 5. Section **26B-5-332** is amended to read:

512 **26B-5-332. Involuntary commitment under court order -- Examination --**
513 **Hearing -- Power of court -- Findings required -- Costs.**

514 (1) A responsible individual who has credible knowledge of an adult's mental illness
515 and the condition or circumstances that have led to the adult's need to be involuntarily
516 committed may initiate an involuntary commitment court proceeding by filing, in the court in
517 the county where the proposed patient resides or is found, a written application that includes:

518 (a) unless the court finds that the information is not reasonably available, the proposed
519 patient's:

520 (i) name;

521 (ii) date of birth; and

522 (iii) social security number;

523 (b) (i) a certificate of a licensed physician or a designated examiner stating that within
524 the seven-day period immediately preceding the certification, the physician or designated
525 examiner examined the proposed patient and is of the opinion that the proposed patient has a
526 mental illness and should be involuntarily committed; or

527 (ii) a written statement by the applicant that:

528 (A) the proposed patient has been requested to, but has refused to, submit to an
529 examination of mental condition by a licensed physician or designated examiner;

530 (B) is sworn to under oath; and

531 (C) states the facts upon which the application is based; and

532 (c) a statement whether the proposed patient has previously been under an assisted
533 outpatient treatment order, if known by the applicant.

534 (2) Before issuing a judicial order, the court:

535 (a) shall require the applicant to consult with the appropriate local mental health
536 authority at or before the hearing; and

537 (b) may direct a mental health professional from the local mental health authority to
538 interview the applicant and the proposed patient to determine the existing facts and report the
539 existing facts to the court.

540 (3) The court may issue an order, directed to a mental health officer or peace officer, to
541 immediately place a proposed patient in the custody of a local mental health authority or in a
542 temporary emergency facility, as described in Section [26B-5-334](#), to be detained for the
543 purpose of examination if:

544 (a) the court finds from the application, any other statements under oath, or any reports
545 from a mental health professional that there is a reasonable basis to believe that the proposed
546 patient has a mental illness that poses a danger to self or others and requires involuntary
547 commitment pending examination and hearing; or

548 (b) the proposed patient refuses to submit to an interview with a mental health
549 professional as directed by the court or to go to a treatment facility voluntarily.

550 (4) (a) The court shall provide notice of commencement of proceedings for involuntary
551 commitment, setting forth the allegations of the application and any reported facts, together
552 with a copy of any official order of detention, to a proposed patient before, or upon, placement

553 of the proposed patient in the custody of a local mental health authority or, with respect to any
554 proposed patient presently in the custody of a local mental health authority whose status is
555 being changed from voluntary to involuntary, upon the filing of an application for that purpose
556 with the court.

557 (b) The place of detention shall maintain a copy of the order of detention.

558 (5) (a) The court shall provide notice of commencement of proceedings for involuntary
559 commitment as soon as practicable to the applicant, any legal guardian, any immediate adult
560 family members, legal counsel for the parties involved, the local mental health authority or the
561 local mental health authority's designee, and any other persons whom the proposed patient or
562 the court designates.

563 (b) Except as provided in Subsection (5)(c), the notice under Subsection (5)(a) shall
564 advise the persons that a hearing may be held within the time provided by law.

565 (c) If the proposed patient refuses to permit release of information necessary for
566 provisions of notice under this subsection, the court shall determine the extent of notice.

567 (6) Proceedings for commitment of an individual under 18 years old to a local mental
568 health authority may be commenced in accordance with Part 4, Commitment of Persons Under
569 Age 18.

570 (7) (a) The court may, in the court's discretion, transfer the case to any other district
571 court within this state, if the transfer will not be adverse to the interest of the proposed patient.

572 (b) If a case is transferred under Subsection (7)(a), the parties to the case may be
573 transferred and the local mental health authority may be substituted in accordance with Utah
574 Rules of Civil Procedure, Rule 25.

575 (8) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance
576 of a judicial order, or after commitment of a proposed patient to a local mental health authority
577 or the local mental health authority's designee under court order for detention or examination,
578 the court shall appoint two designated examiners:

579 (a) who did not sign the civil commitment application nor the civil commitment
580 certification under Subsection (1);

581 (b) one of whom is a licensed physician; and

582 (c) one of whom may be designated by the proposed patient or the proposed patient's
583 counsel, if that designated examiner is reasonably available.

584 (9) The court shall schedule a hearing to be held within 10 calendar days after the day
585 on which the designated examiners are appointed.

586 (10) (a) The designated examiners shall:

587 (i) conduct the examinations separately;

588 (ii) conduct the examinations at the home of the proposed patient, at a hospital or other
589 medical facility, or at any other suitable place, including through telehealth, that is not likely to
590 have a harmful effect on the proposed patient's health;

591 (iii) inform the proposed patient, if not represented by an attorney:

592 (A) that the proposed patient does not have to say anything;

593 (B) of the nature and reasons for the examination;

594 (C) that the examination was ordered by the court;

595 (D) that any information volunteered could form part of the basis for the proposed
596 patient's involuntary commitment;

597 (E) that findings resulting from the examination will be made available to the court;

598 and

599 (F) that the designated examiner may, under court order, obtain the proposed patient's
600 mental health records; and

601 (iv) within 24 hours of examining the proposed patient, report to the court, orally or in
602 writing, whether the proposed patient is mentally ill, has agreed to voluntary commitment, as
603 described in Section [26B-5-360](#), or has acceptable programs available to the proposed patient
604 without court proceedings.

605 (b) If a designated examiner reports orally under Subsection (10)(a), the designated
606 examiner shall immediately send a written report to the clerk of the court.

607 (11) If a designated examiner is unable to complete an examination on the first attempt
608 because the proposed patient refuses to submit to the examination, the court shall fix a
609 reasonable compensation to be paid to the examiner.

610 (12) If the local mental health authority, the local mental health authority's designee, or
611 a medical examiner determines before the court hearing that the conditions justifying the
612 findings leading to a commitment hearing no longer exist, the local mental health authority, the
613 local mental health authority's designee, or the medical examiner shall immediately report the
614 determination to the court.

615 (13) The court may terminate the proceedings and dismiss the application at any time,
616 including before the hearing, if the designated examiners or the local mental health authority or
617 the local mental health authority's designee informs the court that the proposed patient:

- 618 (a) does not meet the criteria in Subsection (16);
- 619 (b) has agreed to voluntary commitment, as described in Section 26B-5-360;
- 620 (c) has acceptable options for treatment programs that are available without court
621 proceedings; or
- 622 (d) meets the criteria for assisted outpatient treatment described in Section 26B-5-351.

623 (14) (a) Before the hearing, the court shall provide the proposed patient an opportunity
624 to be represented by counsel, and if neither the proposed patient nor others provide counsel, the
625 court shall appoint counsel and allow counsel sufficient time to consult with the proposed
626 patient before the hearing.

627 (b) In the case of an indigent proposed patient, the county in which the proposed
628 patient resides or is found shall make payment of reasonable attorney fees for counsel, as
629 determined by the court.

630 (15) (a) (i) The court shall afford the proposed patient, the applicant, and any other
631 person to whom notice is required to be given an opportunity to appear at the hearing, to
632 testify, and to present and cross-examine witnesses.

633 (ii) The court may, in the court's discretion, receive the testimony of any other person.

634 (iii) The court may allow a waiver of the proposed patient's right to appear for good
635 cause, which cause shall be set forth in the record, or an informed waiver by the patient, which
636 shall be included in the record.

637 (b) The court is authorized to exclude any person not necessary for the conduct of the
638 proceedings and may, upon motion of counsel, require the testimony of each designated
639 examiner to be given out of the presence of any other designated examiners.

640 (c) The court shall conduct the hearing in as informal a manner as may be consistent
641 with orderly procedure, and in a physical setting that is not likely to have a harmful effect on
642 the mental health of the proposed patient, while preserving the due process rights of the
643 proposed patient.

644 (d) The court shall consider any relevant historical and material information that is
645 offered, subject to the rules of evidence, including reliable hearsay under Utah Rules of

646 Evidence, Rule 1102.

647 (e) (i) A local mental health authority or the local mental health authority's designee or
648 the physician in charge of the proposed patient's care shall, at the time of the hearing, provide
649 the court with the following information:

650 (A) the detention order;

651 (B) admission notes;

652 (C) the diagnosis;

653 (D) any doctors' orders;

654 (E) progress notes;

655 (F) nursing notes;

656 (G) medication records pertaining to the current commitment; and

657 (H) whether the proposed patient has previously been civilly committed or under an
658 order for assisted outpatient treatment.

659 (ii) The information described in Subsection (15)(e)(i) shall also be supplied to the
660 proposed patient's counsel at the time of the hearing, and at any time prior to the hearing upon
661 request.

662 (16) (a) The court shall order commitment of an adult proposed patient to a local
663 mental health authority if, upon completion of the hearing and consideration of the information
664 presented, the court finds by clear and convincing evidence that:

665 (i) ~~[the proposed patient has a mental illness]~~ as a result of mental illness and based on
666 recent actions, omissions, or behaviors, the proposed patient:

667 (A) poses a substantial danger to self or others;

668 (B) lacks the ability to engage in a rational decision-making process regarding the
669 acceptance of mental treatment as demonstrated by evidence of inability to weigh the possible
670 risks of accepting or rejecting treatment;

671 (C) lacks the capacity to provide the basic necessities of life, such as food, clothing, or
672 shelter; or

673 (D) has demonstrated an inability to exercise sufficient behavioral control to avoid
674 serious criminal justice involvement, as described in Subsection (16)(d);

675 ~~[(ii) because of the proposed patient's mental illness the proposed patient poses a~~
676 ~~substantial danger to self or others;]~~

677 ~~[(iii) the proposed patient lacks the ability to engage in a rational decision-making~~
 678 ~~process regarding the acceptance of mental treatment as demonstrated by evidence of inability~~
 679 ~~to weigh the possible risks of accepting or rejecting treatment;]~~

680 ~~[(iv)]~~ (ii) there is no appropriate less-restrictive alternative to a court order of
 681 commitment; and

682 ~~[(v)]~~ (iii) the local mental health authority can provide the proposed patient with
 683 treatment that is adequate and appropriate to the proposed patient's conditions and needs.

684 (b) (i) If, at the hearing, the court determines that the proposed patient has a mental
 685 illness but does not meet the other criteria described in Subsection (16)(a), the court may
 686 consider whether the proposed patient meets the criteria for assisted outpatient treatment under
 687 Section [26B-5-351](#).

688 (ii) The court may order the proposed patient to receive assisted outpatient treatment in
 689 accordance with Section [26B-5-351](#) if, at the hearing, the court finds the proposed patient
 690 meets the criteria for assisted outpatient treatment under Section [26B-5-351](#).

691 (iii) If the court determines that neither the criteria for commitment under Subsection
 692 (16)(a) nor the criteria for assisted outpatient treatment under Section [26B-5-351](#) are met, the
 693 court shall dismiss the proceedings after the hearing.

694 (c) The court shall maintain a ~~H~~→ **current** ←~~H~~ list of patients proposed for civil
 694a commitment
 695 who qualify for civil commitment under Subsections (16)(a)(i) and (ii), but for whom the local
 696 mental health authority is unable to provide treatment as described in Subsection (16)(a)(iii).

697 (d) An individual demonstrates an inability to exercise sufficient behavioral control to
 698 avoid serious criminal justice involvement if the individual has been named as a defendant in at
 699 least ten criminal cases, with at least one felony charge in each case, within the previous five
 700 years.

701 (17) (a) (i) The order of commitment shall designate the period for which the patient
 702 shall be treated.

703 (ii) If the patient is not under an order of commitment at the time of the hearing, the
 704 patient's treatment period may not exceed six months without a review hearing.

705 (iii) Upon a review hearing, to be commenced before the expiration of the previous
 706 order of commitment, an order for commitment may be for an indeterminate period, if the court
 707 finds by clear and convincing evidence that the criteria described in Subsection (16) will last

708 for an indeterminate period.

709 (b) (i) The court shall maintain a current list of all patients under the court's order of
710 commitment and review the list to determine those patients who have been under an order of
711 commitment for the court designated period.

712 (ii) At least two weeks before the expiration of the designated period of any order of
713 commitment still in effect, the court that entered the original order of commitment shall inform
714 the appropriate local mental health authority or the local mental health authority's designee of
715 the expiration.

716 (iii) Upon receipt of the information described in Subsection (17)(b)(ii), the local
717 mental health authority or the local mental health authority's designee shall immediately
718 reexamine the reasons upon which the order of commitment was based.

719 (iv) If, after reexamination under Subsection (17)(b)(iii), the local mental health
720 authority or the local mental health authority's designee determines that the conditions
721 justifying commitment no longer exist, the local mental health authority or the local mental
722 health authority's designee shall discharge the patient from involuntary commitment and
723 immediately report the discharge to the court.

724 (v) If, after reexamination under Subsection (17)(b)(iii), the local mental health
725 authority or the local mental health authority's designee determines that the conditions
726 justifying commitment continue to exist, the court shall immediately appoint two designated
727 examiners and proceed under Subsections (8) through (14).

728 (c) (i) The local mental health authority or the local mental health authority's designee
729 responsible for the care of a patient under an order of commitment for an indeterminate period
730 shall, at six-month intervals, reexamine the reasons upon which the order of indeterminate
731 commitment was based.

732 (ii) If the local mental health authority or the local mental health authority's designee
733 determines that the conditions justifying commitment no longer exist, the local mental health
734 authority or the local mental health authority's designee shall discharge the patient from the
735 local mental health authority's or the local mental health authority designee's custody and
736 immediately report the discharge to the court.

737 (iii) If the local mental health authority or the local mental health authority's designee
738 determines that the conditions justifying commitment continue to exist, the local mental health

739 authority or the local mental health authority's designee shall send a written report of the
740 findings to the court.

741 (iv) A patient and the patient's counsel of record shall be notified in writing that the
742 involuntary commitment will be continued under Subsection (17)(c)(iii), the reasons for the
743 decision to continue, and that the patient has the right to a review hearing by making a request
744 to the court.

745 (v) Upon receiving a request under Subsection (17)(c)(iv), the court shall immediately
746 appoint two designated examiners and proceed under Subsections (8) through (14).

747 (18) (a) Any patient committed as a result of an original hearing or a patient's legally
748 designated representative who is aggrieved by the findings, conclusions, and order of the court
749 entered in the original hearing has the right to a new hearing upon a petition filed with the court
750 within 30 days after the day on which the court order is entered.

751 (b) The petition shall allege error or mistake in the findings, in which case the court
752 shall appoint three impartial designated examiners previously unrelated to the case to conduct
753 an additional examination of the patient.

754 (c) Except as provided in Subsection (18)(b), the court shall, in all other respects,
755 conduct the new hearing in the manner otherwise permitted.

756 (19) The county in which the proposed patient resides or is found shall pay the costs of
757 all proceedings under this section.

758 (20) (a) A local mental health authority shall provide discharge instructions to each
759 individual committed under this section at or before the time the individual is discharged from
760 the local mental health authority's custody, regardless of the circumstances under which the
761 individual is discharged.

762 (b) Discharge instructions provided under Subsection (20)(a) shall include:

763 (i) a summary of why the individual was committed to the local mental health
764 authority;

765 (ii) detailed information about why the individual is being discharged from the local
766 mental health authority's custody;

767 (iii) a safety plan for the individual based on the individual's mental illness or mental or
768 emotional state;

769 (iv) notification to the individual's primary care provider, if applicable;

770 (v) if the individual is discharged without food, housing, or economic security, a
771 referral to appropriate services, if such services exist in the individual's community;

772 (vi) the phone number to call or text for a crisis services hotline, and information about
773 the availability of peer support services;

774 (vii) a copy of any psychiatric advance directive presented to the local mental health
775 authority, if applicable;

776 (viii) information about how to establish a psychiatric advance directive if one was not
777 presented to the local mental health authority;

778 (ix) as applicable, information about medications that were changed or discontinued
779 during the commitment;

780 (x) a list of any screening or diagnostic tests conducted during the commitment;

781 (xi) a summary of therapeutic treatments provided during the commitment;

782 (xii) any laboratory work, including blood samples or imaging, that was completed or
783 attempted during the commitment; and

784 (xiii) information about how to contact the local mental health authority if needed.

785 (c) If an individual's medications were changed, or if an individual was prescribed new
786 medications while committed under this section, discharge instructions provided under
787 Subsection (20)(a) shall include a clinically appropriate supply of medications, as determined
788 by a licensed health care provider, to allow the individual time to access another health care
789 provider or follow-up appointment.

790 (d) If an individual refuses to accept discharge instructions, the local mental health
791 authority shall document the refusal in the individual's medical record.

792 (e) If an individual's discharge instructions include referrals to services under
793 Subsection (20)(b)(v), the local mental health authority shall document those referrals in the
794 individual's medical record.

795 (f) The local mental health authority shall attempt to follow up with a discharged
796 individual at least 48 hours after discharge, and may use peer support professionals when
797 performing follow-up care or developing a continuing care plan.

798 Section 6. Section **26B-5-351** is amended to read:

799 **26B-5-351. Assisted outpatient treatment proceedings.**

800 (1) A responsible individual who has credible knowledge of an adult's mental illness

801 and the condition or circumstances that have led to the adult's need for assisted outpatient
802 treatment may file, in the court in the county where the proposed patient resides or is found, a
803 written application that includes:

804 (a) unless the court finds that the information is not reasonably available, the proposed
805 patient's:

806 (i) name;

807 (ii) date of birth; and

808 (iii) social security number; and

809 (b) (i) a certificate of a licensed physician or a designated examiner stating that within
810 the seven-day period immediately preceding the certification, the physician or designated
811 examiner examined the proposed patient and is of the opinion that the proposed patient has a
812 mental illness and should be involuntarily committed; or

813 (ii) a written statement by the applicant that:

814 (A) the proposed patient has been requested to, but has refused to, submit to an
815 examination of mental condition by a licensed physician or designated examiner;

816 (B) is sworn to under oath; and

817 (C) states the facts upon which the application is based.

818 (2) (a) Subject to Subsection (2)(b), before issuing a judicial order, the court may
819 require the applicant to consult with the appropriate local mental health authority, and the court
820 may direct a mental health professional from that local mental health authority to interview the
821 applicant and the proposed patient to determine the existing facts and report them to the court.

822 (b) The consultation described in Subsection (2)(a):

823 (i) may take place at or before the hearing; and

824 (ii) is required if the local mental health authority appears at the hearing.

825 (3) If the proposed patient refuses to submit to an interview described in Subsection
826 (2)(a) or an examination described in Subsection (8), the court may issue an order, directed to a
827 mental health officer or peace officer, to immediately place the proposed patient into the
828 custody of a local mental health authority or in a temporary emergency facility, as provided in
829 Section [26B-5-334](#), to be detained for the purpose of examination.

830 (4) Notice of commencement of proceedings for assisted outpatient treatment, setting
831 forth the allegations of the application and any reported facts, together with a copy of any

832 official order of detention, shall:

833 (a) be provided by the court to a proposed patient before, or upon, placement into the
834 custody of a local mental health authority or, with respect to any proposed patient presently in
835 the custody of a local mental health authority;

836 (b) be maintained at the proposed patient's place of detention, if any;

837 (c) be provided by the court as soon as practicable to the applicant, any legal guardian,
838 any immediate adult family members, legal counsel for the parties involved, the local mental
839 health authority or its designee, and any other person whom the proposed patient or the court
840 shall designate; and

841 (d) advise that a hearing may be held within the time provided by law.

842 (5) The court may, in its discretion, transfer the case to any other court within this state,
843 provided that the transfer will not be adverse to the interest of the proposed patient.

844 (6) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance
845 of a judicial order, or after commitment of a proposed patient to a local mental health authority
846 or its designee under court order for detention in order to complete an examination, the court
847 shall appoint two designated examiners:

848 (a) who did not sign the assisted outpatient treatment application nor the certification
849 described in Subsection (1);

850 (b) one of whom is a licensed physician; and

851 (c) one of whom may be designated by the proposed patient or the proposed patient's
852 counsel, if that designated examiner is reasonably available.

853 (7) The court shall schedule a hearing to be held within 10 calendar days of the day on
854 which the designated examiners are appointed.

855 (8) The designated examiners shall:

856 (a) conduct their examinations separately;

857 (b) conduct the examinations at the home of the proposed patient, at a hospital or other
858 medical facility, or at any other suitable place that is not likely to have a harmful effect on the
859 proposed patient's health;

860 (c) inform the proposed patient, if not represented by an attorney:

861 (i) that the proposed patient does not have to say anything;

862 (ii) of the nature and reasons for the examination;

863 (iii) that the examination was ordered by the court;

864 (iv) that any information volunteered could form part of the basis for the proposed
865 patient to be ordered to receive assisted outpatient treatment; and

866 (v) that findings resulting from the examination will be made available to the court;
867 and

868 (d) within 24 hours of examining the proposed patient, report to the court, orally or in
869 writing, whether the proposed patient is mentally ill. If the designated examiner reports orally,
870 the designated examiner shall immediately send a written report to the clerk of the court.

871 (9) If a designated examiner is unable to complete an examination on the first attempt
872 because the proposed patient refuses to submit to the examination, the court shall fix a
873 reasonable compensation to be paid to the examiner.

874 (10) If the local mental health authority, its designee, or a medical examiner determines
875 before the court hearing that the conditions justifying the findings leading to an assisted
876 outpatient treatment hearing no longer exist, the local mental health authority, its designee, or
877 the medical examiner shall immediately report that determination to the court.

878 (11) The court may terminate the proceedings and dismiss the application at any time,
879 including prior to the hearing, if the designated examiners or the local mental health authority
880 or its designee informs the court that the proposed patient does not meet the criteria in
881 Subsection (14).

882 (12) Before the hearing, an opportunity to be represented by counsel shall be afforded
883 to the proposed patient, and if neither the proposed patient nor others provide counsel, the court
884 shall appoint counsel and allow counsel sufficient time to consult with the proposed patient
885 before the hearing. In the case of an indigent proposed patient, the payment of reasonable
886 attorney fees for counsel, as determined by the court, shall be made by the county in which the
887 proposed patient resides or is found.

888 (13) (a) All persons to whom notice is required to be given shall be afforded an
889 opportunity to appear at the hearing, to testify, and to present and cross-examine witnesses. The
890 court may, in its discretion, receive the testimony of any other individual. The court may allow
891 a waiver of the proposed patient's right to appear for good cause, which cause shall be set forth
892 in the record, or an informed waiver by the patient, which shall be included in the record.

893 (b) The court is authorized to exclude all individuals not necessary for the conduct of

894 the proceedings and may, upon motion of counsel, require the testimony of each examiner to be
895 given out of the presence of any other examiners.

896 (c) The hearing shall be conducted in as informal a manner as may be consistent with
897 orderly procedure, and in a physical setting that is not likely to have a harmful effect on the
898 mental health of the proposed patient.

899 (d) The court shall consider all relevant historical and material information that is
900 offered, subject to the rules of evidence, including reliable hearsay under Rule 1102, Utah
901 Rules of Evidence.

902 (e) (i) A local mental health authority or its designee, or the physician in charge of the
903 proposed patient's care shall, at the time of the hearing, provide the court with the following
904 information:

905 (A) the detention order, if any;

906 (B) admission notes, if any;

907 (C) the diagnosis, if any;

908 (D) doctor's orders, if any;

909 (E) progress notes, if any;

910 (F) nursing notes, if any; and

911 (G) medication records, if any.

912 (ii) The information described in Subsection (13)(e)(i) shall also be provided to the
913 proposed patient's counsel:

914 (A) at the time of the hearing; and

915 (B) at any time prior to the hearing, upon request.

916 (14) (a) The court shall order a proposed patient to assisted outpatient treatment if,
917 upon completion of the hearing and consideration of the information presented, the court finds
918 by clear and convincing evidence that:

919 [~~(a) the proposed patient has~~]

920 (i) as a result of a mental illness and based on recent actions, omissions, or behaviors,
921 the proposed patient:

922 (A) lacks the ability to engage in a rational decision-making process regarding the
923 acceptance of mental health treatment, as demonstrated by evidence of inability to weigh the
924 possible risks of accepting or rejecting treatment;

925 (B) has demonstrated an inability to exercise sufficient behavioral control to avoid
926 serious criminal justice involvement, as described in Subsection (14)(b);

927 (C) lacks the capacity to provide the basic necessities of life, such as food, clothing, or
928 shelter; or

929 (D) needs assisted outpatient treatment in order to prevent relapse or deterioration that
930 is likely to result in the proposed patient posing a substantial danger to self or others;and

931 ~~[(b)]~~ (ii) there is no appropriate less-restrictive alternative to a court order for assisted
932 outpatient treatment[; and].

933 ~~[(c) (i) the proposed patient lacks the ability to engage in a rational decision-making~~
934 ~~process regarding the acceptance of mental health treatment, as demonstrated by evidence of~~
935 ~~inability to weigh the possible risks of accepting or rejecting treatment; or]~~

936 ~~[(ii) the proposed patient needs assisted outpatient treatment in order to prevent relapse~~
937 ~~or deterioration that is likely to result in the proposed patient posing a substantial danger to self~~
938 ~~or others.]~~

939 (b) An individual demonstrates an inability to exercise sufficient behavioral control to
940 avoid serious criminal justice involvement if the individual has been named as a defendant in at
941 least ten criminal cases, with at least one felony charge in each case, within the previous five
942 years.

943 (15) The court shall provide a copy of an order described in Subsection (14)(a) to the
944 local mental health authority or the local mental health authority's designee.

945 (16) Upon receiving an order under Subsection (15), the local mental health authority
946 or the local mental health authority's designee shall create an individualized treatment plan, for
947 approval by the court, which shall include, as appropriate:

948 (a) outpatient care and services, including psychosocial rehabilitation;

949 (b) case management;

950 (c) medication management;

951 (d) substance use treatment services; and

952 (e) input from the proposed patient, if possible.

953 (17) The local mental health authority or the local mental health authority's designee
954 shall provide assisted outpatient treatment pursuant to an order approved under Subsection
955 (16).

956 (18) A court order for assisted outpatient treatment does not create an independent
957 authority to forcibly medicate a patient.

958 (19) The court may order the applicant or a close relative of the patient to be the
959 patient's personal representative, as described in 45 C.F.R. Sec. 164.502(g), for purposes of the
960 patient's mental health treatment.

961 ~~[(16)]~~ (20) In the absence of the findings described in Subsection (14), the court, after
962 the hearing, shall dismiss the proceedings.

963 ~~[(17)]~~ (21) (a) The assisted outpatient treatment order shall designate the period for
964 which the patient shall be treated, which may not exceed 12 months without a review hearing.

965 (b) At a review hearing, the court may extend the duration of an assisted outpatient
966 treatment order by up to 12 months, if:

967 (i) the court finds by clear and convincing evidence that the patient meets the
968 conditions described in Subsection (14); or

969 (ii) (A) the patient does not appear at the review hearing;

970 (B) notice of the review hearing was provided to the patient's last known address by the
971 applicant described in Subsection (1) or by a local mental health authority; and

972 (C) the patient has appeared in court or signed an informed waiver within the previous
973 18 months.

974 (c) The court shall maintain a current list of all patients under its order of assisted
975 outpatient treatment.

976 (d) At least two weeks prior to the expiration of the designated period of any assisted
977 outpatient treatment order still in effect, the court that entered the original order shall inform
978 the appropriate local mental health authority or its designee.

979 ~~[(18)]~~ (22) Costs of all proceedings under this section shall be paid by the county in
980 which the proposed patient resides or is found.

981 ~~[(19)]~~ (23) A court may not hold an individual in contempt for failure to comply with
982 an assisted outpatient treatment order.

983 ~~[(20)]~~ (24) As provided in Section [31A-22-651](#), a health insurance provider may not
984 deny an insured the benefits of the insured's policy solely because the health care that the
985 insured receives is provided under a court order for assisted outpatient treatment.

986 Section 7. Section **26B-6-607** is amended to read:

987 **26B-6-607. Temporary emergency commitment -- Observation and evaluation.**

988 (1) The director of the division or his designee may temporarily commit an individual
989 to the division and therefore, as a matter of course, to an intermediate care facility for people
990 with an intellectual disability for observation and evaluation upon:

991 (a) written application by a responsible person who has reason to know that the
992 individual is in need of commitment, stating:

993 (i) a belief that the individual has an intellectual disability and is likely to cause serious
994 injury to self or others if not immediately committed;

995 (ii) personal knowledge of the individual's condition; and

996 (iii) the circumstances supporting that belief; or

997 (b) certification by a licensed physician or designated intellectual disability

998 professional stating that the physician or designated intellectual disability professional:

999 (i) has examined the individual within a three-day period immediately preceding the
1000 certification; and

1001 (ii) is of the opinion that the individual has an intellectual disability, and that because
1002 of the individual's intellectual disability is likely to injure self or others if not immediately
1003 committed.

1004 (2) If the individual in need of commitment is not placed in the custody of the director
1005 or the director's designee by the person submitting the application, the director's or the
1006 director's designee may certify, either in writing or orally that the individual is in need of
1007 immediate commitment to prevent injury to self or others.

1008 (3) Upon receipt of the application required by Subsection (1)(a) and the certifications
1009 required by Subsections (1)(b) and (2), a peace officer may take the individual named in the
1010 application and certificates into custody, and may transport the individual to a designated
1011 intermediate care facility for people with an intellectual disability.

1012 (4) (a) An individual committed under this section may be held for a maximum of [~~24~~
1013 72 hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that time, the
1014 individual shall be released unless proceedings for involuntary commitment have been
1015 commenced under Section [26B-6-608](#).

1016 (b) After proceedings for involuntary commitment have been commenced the
1017 individual shall be released unless an order of detention is issued in accordance with Section

1018 [26B-6-608](#).

1019 (5) If an individual is committed to the division under this section on the application of
1020 any person other than the individual's legal guardian, spouse, parent, or next of kin, the director
1021 or his designee shall immediately give notice of the commitment to the individual's legal
1022 guardian, spouse, parent, or next of kin, if known.

1023 (6) (a) The division or an intermediate care facility shall provide discharge instructions
1024 to each individual committed under this section at or before the time the individual is
1025 discharged from the custody of the division or intermediate care facility, regardless of whether
1026 the individual is discharged by being released or under other circumstances.

1027 (b) Discharge instructions provided under Subsection (6)(a) shall include:

1028 (i) a summary of why the individual was committed;

1029 (ii) detailed information about why the individual is being discharged;

1030 (iii) a safety plan for the individual based on the individual's intellectual disability and
1031 condition;

1032 (iv) notification to the individual's primary care provider, if applicable;

1033 (v) if the individual is discharged without food, housing, or economic security, a
1034 referral to appropriate services, if such services exist in the individual's community;

1035 (vi) the phone number to call or text for a crisis services hotline, and information about
1036 the availability of peer support services;

1037 (vii) a copy of any advance directive presented to the local mental health authority, if
1038 applicable;

1039 (viii) information about how to establish an advance directive if one was not presented
1040 to the division or intermediate care facility;

1041 (ix) as applicable, information about medications that were changed or discontinued
1042 during the commitment;

1043 (x) a list of any screening or diagnostic tests conducted during the commitment;

1044 (xi) a summary of therapeutic treatments provided during the commitment;

1045 (xii) any laboratory work, including blood samples or imaging, that was completed or
1046 attempted during the commitment; and

1047 (xiii) information about how to contact the division or intermediate care facility if
1048 needed.

1049 (c) If an individual's medications were changed, or if an individual was prescribed new
1050 medications while committed under this section, discharge instructions provided under
1051 Subsection (6)(a) shall include a clinically appropriate supply of medications, as determined by
1052 a licensed health care provider, to allow the individual time to access another health care
1053 provider or follow-up appointment.

1054 (d) If an individual refuses to accept discharge instructions, the division or intermediate
1055 care facility shall document the refusal in the individual's medical record.

1056 (e) If an individual's discharge instructions include referrals to services under
1057 Subsection (6)(b)(v), the division or intermediate care facility shall document those referrals in
1058 the individual's medical record.

1059 (f) The division shall attempt to follow up with a discharged individual at least 48
1060 hours after discharge, and may use peer support professionals when performing follow-up care
1061 or developing a continuing care plan.

1062 Section 8. Section **26B-6-608** is amended to read:

1063 **26B-6-608. Involuntary commitment -- Procedures -- Necessary findings --**
1064 **Periodic review.**

1065 (1) Any responsible person who has reason to know that an individual is in need of
1066 commitment, who has a belief that the individual has an intellectual disability, and who has
1067 personal knowledge of the conditions and circumstances supporting that belief, may commence
1068 proceedings for involuntary commitment by filing a written petition with the district court, or if
1069 the subject of the petition is less than 18 years old with the juvenile court, of the county in
1070 which the individual to be committed is physically located at the time the petition is filed. The
1071 application shall be accompanied by:

1072 (a) a certificate of a licensed physician or a designated intellectual disability
1073 professional, stating that within a seven-day period immediately preceding the certification, the
1074 physician or designated intellectual disability professional examined the individual and
1075 believes that the individual has an intellectual disability and is in need of involuntary
1076 commitment; or

1077 (b) a written statement by the petitioner that:

1078 (i) states that the individual was requested to, but refused to, submit to an examination
1079 for an intellectual disability by a licensed physician or designated intellectual disability

1080 professional, and that the individual refuses to voluntarily go to the division or an intermediate
1081 care facility for people with an intellectual disability recommended by the division for
1082 treatment;

1083 (ii) is under oath; and

1084 (iii) sets forth the facts on which the statement is based.

1085 (2) Before issuing a detention order, the court may require the petitioner to consult
1086 with personnel at the division or at an intermediate care facility for people with an intellectual
1087 disability and may direct a designated intellectual disability professional to interview the
1088 petitioner and the individual to be committed, to determine the existing facts, and to report
1089 them to the court.

1090 (3) The court may issue a detention order and may direct a peace officer to immediately
1091 take the individual to an intermediate care facility for people with an intellectual disability to
1092 be detained for purposes of an examination if the court finds from the petition, from other
1093 statements under oath, or from reports of physicians or designated intellectual disability
1094 professionals that there is a reasonable basis to believe that the individual to be committed:

1095 (a) poses an immediate danger of physical injury to self or others;

1096 (b) requires involuntary commitment pending examination and hearing;

1097 (c) the individual was requested but refused to submit to an examination by a licensed
1098 physician or designated intellectual disability professional; or

1099 (d) the individual refused to voluntarily go to the division or to an intermediate care
1100 facility for people with an intellectual disability recommended by the division.

1101 (4) (a) If the court issues a detention order based on an application that did not include
1102 a certification by a designated intellectual disability professional or physician in accordance
1103 with Subsection (1)(a), the director or his designee shall within 24 hours after issuance of the
1104 detention order, excluding Saturdays, Sundays, and legal holidays, examine the individual,
1105 report the results of the examination to the court and inform the court:

1106 (i) whether the director or his designee believes that the individual has an intellectual
1107 disability; and

1108 (ii) whether appropriate treatment programs are available and will be used by the
1109 individual without court proceedings.

1110 (b) If the report of the director or his designee is based on an oral report of the

1111 examiner, the examiner shall immediately send the results of the examination in writing to the
1112 clerk of the court.

1113 (5) Immediately after an individual is involuntarily committed under a detention order
1114 or under Section 26B-6-607, the director or his designee shall inform the individual, orally and
1115 in writing, of his right to communicate with an attorney. If an individual desires to
1116 communicate with an attorney, the director or his designee shall take immediate steps to assist
1117 the individual in contacting and communicating with an attorney.

1118 (6) (a) Immediately after commencement of proceedings for involuntary commitment,
1119 the court shall give notice of commencement of the proceedings to:

1120 (i) the individual to be committed;

1121 (ii) the applicant;

1122 (iii) any legal guardian of the individual;

1123 (iv) adult members of the individual's immediate family;

1124 (v) legal counsel of the individual to be committed, if any;

1125 (vi) the division; and

1126 (vii) any other person to whom the individual requests, or the court designates, notice
1127 to be given.

1128 (b) If an individual cannot or refuses to disclose the identity of persons to be notified,
1129 the extent of notice shall be determined by the court.

1130 (7) That notice shall:

1131 (a) set forth the allegations of the petition and all supporting facts;

1132 (b) be accompanied by a copy of any detention order issued under Subsection (3); and

1133 (c) state that a hearing will be held within the time provided by law, and give the time
1134 and place for that hearing.

1135 (8) The court may transfer the case and the custody of the individual to be committed
1136 to any other district court within the state, if:

1137 (a) there are no appropriate facilities for persons with an intellectual disability within
1138 the judicial district; and

1139 (b) the transfer will not be adverse to the interests of the individual.

1140 (9) (a) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, after any
1141 order or commitment under a detention order, the court shall appoint two designated

1142 intellectual disability professionals to examine the individual. If requested by the individual's
1143 counsel, the court shall appoint a reasonably available, qualified person designated by counsel
1144 to be one of the examining designated intellectual disability professionals. The examinations
1145 shall be conducted:

1146 (i) separately;

1147 (ii) at the home of the individual to be committed, a hospital, an intermediate care
1148 facility for people with an intellectual disability, or any other suitable place not likely to have a
1149 harmful effect on the individual; and

1150 (iii) within a reasonable period of time after appointment of the examiners by the court.

1151 (b) The court shall set a time for a hearing to be held within 10 court days of the
1152 appointment of the examiners. However, the court may immediately terminate the proceedings
1153 and dismiss the application if, prior to the hearing date, the examiners, the director, or his
1154 designee informs the court that:

1155 (i) the individual does not have an intellectual disability; or

1156 (ii) treatment programs are available and will be used by the individual without court
1157 proceedings.

1158 (10) (a) Each individual has the right to be represented by counsel at the commitment
1159 hearing and in all preliminary proceedings. If neither the individual nor others provide counsel,
1160 the court shall appoint counsel and allow sufficient time for counsel to consult with the
1161 individual prior to any hearing.

1162 (b) If the individual is indigent, the county in which the individual was physically
1163 located when taken into custody shall pay reasonable attorney fees as determined by the court.

1164 (11) The division or a designated intellectual disability professional in charge of the
1165 individual's care shall provide all documented information on the individual to be committed
1166 and to the court at the time of the hearing. The individual's attorney shall have access to all
1167 documented information on the individual at the time of and prior to the hearing.

1168 (12) (a) The court shall provide an opportunity to the individual, the petitioner, and all
1169 other persons to whom notice is required to be given to appear at the hearing, to testify, and to
1170 present and cross-examine witnesses.

1171 (b) The court may, in its discretion:

1172 (i) receive the testimony of any other person;

1173 (ii) allow a waiver of the right to appear only for good cause shown;
1174 (iii) exclude from the hearing all persons not necessary to conduct the proceedings; and
1175 (iv) upon motion of counsel, require the testimony of each examiner to be given out of
1176 the presence of any other examiner.

1177 (c) The hearing shall be conducted in as informal a manner as may be consistent with
1178 orderly procedure, and in a physical setting that is not likely to have a harmful effect on the
1179 individual. The Utah Rules of Evidence apply, and the hearing shall be a matter of court
1180 record. A verbatim record of the proceedings shall be maintained.

1181 (13) The court may order commitment if, upon completion of the hearing and
1182 consideration of the record, it finds by clear and convincing evidence that all of the following
1183 conditions are met:

1184 (a) the individual to be committed has an intellectual disability;

1185 (b) because of the individual's intellectual disability one or more of the following
1186 conditions exist:

1187 (i) the individual poses an immediate danger of physical injury to self or others;

1188 (ii) the individual lacks the capacity to provide the basic necessities of life, such as
1189 food, clothing, or shelter; or

1190 (iii) the individual is in immediate need of habilitation, rehabilitation, care, or
1191 treatment to minimize the effects of the condition which poses a threat of serious physical or
1192 psychological injury to the individual, and the individual lacks the capacity to engage in a
1193 rational decision-making process concerning the need for habilitation, rehabilitation, care, or
1194 treatment, as evidenced by an inability to weigh the possible costs and benefits of the care or
1195 treatment and the alternatives to it;

1196 (c) there is no appropriate, less restrictive alternative reasonably available; and

1197 (d) the division or the intermediate care facility for people with an intellectual
1198 disability recommended by the division in which the individual is to be committed can provide
1199 the individual with treatment, care, habilitation, or rehabilitation that is adequate and
1200 appropriate to the individual's condition and needs.

1201 (14) In the absence of any of the required findings by the court, described in Subsection
1202 (13), the court shall dismiss the proceedings.

1203 (15) (a) The order of commitment shall designate the period for which the individual

1204 will be committed. An initial commitment may not exceed six months. Before the end of the
1205 initial commitment period, the administrator of the intermediate care facility for people with an
1206 intellectual disability shall commence a review hearing on behalf of the individual.

1207 (b) At the conclusion of the review hearing, the court may issue an order of
1208 commitment for up to a one-year period.

1209 (16) An individual committed under this part has the right to a rehearing, upon filing a
1210 petition with the court within 30 days after entry of the court's order. If the petition for
1211 rehearing alleges error or mistake in the court's findings, the court shall appoint one impartial
1212 licensed physician and two impartial designated intellectual disability professionals who have
1213 not previously been involved in the case to examine the individual. The rehearing shall, in all
1214 other respects, be conducted in accordance with this part.

1215 (17) (a) The court shall maintain a current list of all individuals under its orders of
1216 commitment. That list shall be reviewed in order to determine those patients who have been
1217 under an order of commitment for the designated period.

1218 (b) At least two weeks prior to the expiration of the designated period of any
1219 commitment order still in effect, the court that entered the original order shall inform the
1220 director of the division of the impending expiration of the designated commitment period.

1221 (c) The staff of the division shall immediately:

1222 (i) reexamine the reasons upon which the order of commitment was based and report
1223 the results of the examination to the court;

1224 (ii) discharge the resident from involuntary commitment if the conditions justifying
1225 commitment no longer exist; and

1226 (iii) immediately inform the court of any discharge.

1227 (d) If the director of the division reports to the court that the conditions justifying
1228 commitment no longer exist, and the administrator of the intermediate care facility for people
1229 with an intellectual disability does not discharge the individual at the end of the designated
1230 period, the court shall order the immediate discharge of the individual, unless involuntary
1231 commitment proceedings are again commenced in accordance with this section.

1232 (e) If the director of the division, or the director's designee reports to the court that the
1233 conditions designated in Subsection (13) still exist, the court may extend the commitment order
1234 for up to one year. At the end of any extension, the individual must be reexamined in

1235 accordance with this section, or discharged.

1236 (18) When a resident is discharged under this subsection, the division shall provide any
1237 further support services available and required to meet the resident's needs.

1238 (19) (a) The division or an intermediate care facility shall provide discharge
1239 instructions to each individual committed under this section at or before the time the individual
1240 is discharged from the custody of the division or intermediate care facility, regardless of
1241 whether the individual is discharged by being released or under other circumstances.

1242 (b) Discharge instructions provided under Subsection (19)(a) shall include:

1243 (i) a summary of why the individual was committed;

1244 (ii) detailed information about why the individual is being discharged;

1245 (iii) a safety plan for the individual based on the individual's intellectual disability and
1246 condition;

1247 (iv) notification to the individual's primary care provider, if applicable;

1248 (v) if the individual is discharged without food, housing, or economic security, a
1249 referral to appropriate services, if such services exist in the individual's community;

1250 (vi) the phone number to call or text for a crisis services hotline, and information about
1251 the availability of peer support services;

1252 (vii) a copy of any advance directive presented to the local mental health authority, if
1253 applicable;

1254 (viii) information about how to establish an advance directive if one was not presented
1255 to the division or intermediate care facility;

1256 (ix) as applicable, information about medications that were changed or discontinued
1257 during the commitment;

1258 (x) a list of any screening or diagnostic tests conducted during the commitment;

1259 (xi) a summary of therapeutic treatments provided during the commitment;

1260 (xii) any laboratory work, including blood samples or imaging, that was completed or
1261 attempted during the commitment; and

1262 (xiii) information about how to contact the division or intermediate care facility if
1263 needed.

1264 (c) If an individual's medications were changed, or if an individual was prescribed new
1265 medications while committed under this section, discharge instructions provided under

1266 Subsection (19)(a) shall include a clinically appropriate supply of medications, as determined
1267 by a licensed health care provider, to allow the individual time to access another health care
1268 provider or follow-up appointment.

1269 (d) If an individual refuses to accept discharge instructions, the division or intermediate
1270 care facility shall document the refusal in the individual's medical record.

1271 (e) If an individual's discharge instructions include referrals to services under
1272 Subsection (19)(b)(v), the division or intermediate care facility shall document those referrals
1273 in the individual's medical record.

1274 (f) The division shall attempt to follow up with a discharged individual at least 48
1275 hours after discharge, and may use peer support professionals when performing follow-up care
1276 or developing a continuing care plan.

1277 Section 9. Section **63I-2-226 (Superseded 07/01/24)** is amended to read:

1278 **63I-2-226 (Superseded 07/01/24). Repeal dates: Titles 26A through 26B.**

1279 (1) Subsection **26B-1-204(2)(e)**, related to the Air Ambulance Committee, is repealed
1280 July 1, 2024.

1281 (2) Section **26B-1-241** is repealed July 1, 2024.

1282 (3) Section **26B-1-302** is repealed on July 1, 2024.

1283 (4) Section **26B-1-313** is repealed on July 1, 2024.

1284 (5) Section **26B-1-314** is repealed on July 1, 2024.

1285 (6) Section **26B-1-321** is repealed on July 1, 2024.

1286 (7) Section **26B-1-405**, related to the Air Ambulance Committee, is repealed on July 1,
1287 2024.

1288 (8) Section **26B-1-419**, which creates the Utah Health Care Workforce Financial
1289 Assistance Program Advisory Committee, is repealed July 1, 2027.

1290 (9) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection
1291 **26B-2-231(1)(a)** is amended to read:

1292 "(a) provide the patient or the patient's representative with the following information
1293 before contacting an air medical transport provider:

1294 (i) which health insurers in the state the air medical transport provider contracts with;

1295 (ii) if sufficient data is available, the average charge for air medical transport services
1296 for a patient who is uninsured or out of network; and

1297 (iii) whether the air medical transport provider balance bills a patient for any charge not
1298 paid by the patient's health insurer; and".

1299 (10) Section [26B-3-142](#) is repealed July 1, 2024.

1300 (11) Subsection [26B-3-215\(5\)](#), related to reporting on coverage for in vitro fertilization
1301 and genetic testing, is repealed July 1, 2030.

1302 (12) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection
1303 [26B-4-135\(1\)\(a\)](#) is amended to read:

1304 "(a) provide the patient or the patient's representative with the following information
1305 before contacting an air medical transport provider:

1306 (i) which health insurers in the state the air medical transport provider contracts with;

1307 (ii) if sufficient data is available, the average charge for air medical transport services
1308 for a patient who is uninsured or out of network; and

1309 (iii) whether the air medical transport provider balance bills a patient for any charge not
1310 paid by the patient's health insurer; and".

1311 (13) Section [26B-4-702](#), related to the Utah Health Care Workforce Financial
1312 Assistance Program, is repealed July 1, 2027.

1313 (14) Section [26B-5-117](#), related to early childhood mental health support grant
1314 programs, is repealed January 2, 2025.

1315 (15) Section [26B-5-302.5](#), related to a study concerning court-ordered treatment, is
1316 repealed July 1, 2025.

1317 [~~15~~] (16) Subsection [26B-7-117\(3\)](#), related to reports to the Legislature on syringe
1318 exchange and education, is repealed January 1, 2027.

1319 [~~16~~] (17) Section [26B-7-120](#), relating to sickle cell disease, is repealed on July 1,
1320 2025.

1321 Section 10. Section **63I-2-226 (Effective 07/01/24)** is amended to read:

1322 **63I-2-226 (Effective 07/01/24). Repeal dates: Titles 26A through 26B.**

1323 (1) Section [26B-1-241](#) is repealed July 1, 2024.

1324 (2) Section [26B-1-302](#) is repealed on July 1, 2024.

1325 (3) Section [26B-1-313](#) is repealed on July 1, 2024.

1326 (4) Section [26B-1-314](#) is repealed on July 1, 2024.

1327 (5) Section [26B-1-321](#) is repealed on July 1, 2024.

1328 (6) Section 26B-1-419, which creates the Utah Health Care Workforce Financial
1329 Assistance Program Advisory Committee, is repealed July 1, 2027.

1330 (7) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection
1331 26B-2-231(1)(a) is amended to read:

1332 "(a) provide the patient or the patient's representative with the following information
1333 before contacting an air medical transport provider:

1334 (i) which health insurers in the state the air medical transport provider contracts with;

1335 (ii) if sufficient data is available, the average charge for air medical transport services
1336 for a patient who is uninsured or out of network; and

1337 (iii) whether the air medical transport provider balance bills a patient for any charge not
1338 paid by the patient's health insurer; and".

1339 (8) Section 26B-3-142 is repealed July 1, 2024.

1340 (9) Subsection 26B-3-215(5), related to reporting on coverage for in vitro fertilization
1341 and genetic testing, is repealed July 1, 2030.

1342 (10) Section 26B-4-702, related to the Utah Health Care Workforce Financial
1343 Assistance Program, is repealed July 1, 2027.

1344 (11) Section 26B-5-117, related to early childhood mental health support grant
1345 programs, is repealed January 2, 2025.

1346 (12) Section 26B-5-302.5, related to a study concerning court-ordered treatment, is
1347 repealed July 1, 2025.

1348 [~~12~~] (13) Subsection 26B-7-117(3), related to reports to the Legislature on syringe
1349 exchange and education, is repealed January 1, 2027.

1350 [~~13~~] (14) Section 26B-7-120, relating to sickle cell disease, is repealed on July 1,
1351 2025.

1352 Section 11. **Repealer.**

1353 This bill repeals:

1354 Section 26B-5-350, **Assisted outpatient treatment services.**

1355 Section 12. **Effective date.**

1356 (1) Except as provided in Subsection (2), this bill takes effect on May 1, 2024.

1357 (2) The actions affecting Section 26B-5-331 (Effective 07/01/24) take effect on July 1,
1358 2024.