2nd Sub. H.B. 41

1	HEALTH DATA AUTHORITY AMENDMENTS
2	2024 GENERAL SESSION
3	STATE OF UTAH
4	Chief Sponsor: Rosemary T. Lesser
5	Senate Sponsor: Michael S. Kennedy
6 7	LONG TITLE
8	General Description:
9	This bill modifies provisions related to the Department of Health and Human Services'
0	health data authority.
1	Highlighted Provisions:
2	This bill:
3	 modifies the membership of the Health Data Committee;
4	 transfers duties from the Health Data Committee to the Department of Health and
5	Human Services;
6	 modifies requirements related to obtaining health data;
7	extends the sunset date related to the Department of Health and Human Services'
8	health data authority; and
9	makes technical changes.
0	Money Appropriated in this Bill:
1	None
2	Other Special Clauses:
3	This bill provides a special effective date.
4	Utah Code Sections Affected:
5	AMENDS:



26	26B-1-413, as renumbered and amended by Laws of Utah 2023, Chapter 305
27	26B-4-106 (Superseded 07/01/24), as renumbered and amended by Laws of Utah
28	2023, Chapter 307
29	26B-8-501, as renumbered and amended by Laws of Utah 2023, Chapter 306
30	26B-8-502, as renumbered and amended by Laws of Utah 2023, Chapter 306
31	26B-8-503, as renumbered and amended by Laws of Utah 2023, Chapter 306
32	26B-8-504, as renumbered and amended by Laws of Utah 2023, Chapter 306
33	26B-8-505, as renumbered and amended by Laws of Utah 2023, Chapter 306
34	26B-8-506, as renumbered and amended by Laws of Utah 2023, Chapter 306
35	26B-8-507, as renumbered and amended by Laws of Utah 2023, Chapter 306
36	26B-8-508, as renumbered and amended by Laws of Utah 2023, Chapter 306
37	53-2d-203 (Effective 07/01/24), as renumbered and amended by Laws of Utah 2023,
38	Chapters 307, 310
39	63A-13-301, as last amended by Laws of Utah 2023, Chapter 329
40	63I-1-226 (Superseded 07/01/24), as last amended by Laws of Utah 2023, Chapters
41	249, 269, 270, 275, 332, 335, 420, and 495 and repealed and reenacted by Laws of
42	Utah 2023, Chapter 329
43	63I-1-226 (Effective 07/01/24), as last amended by Laws of Utah 2023, Chapters 249,
44	269, 270, 275, 310, 332, 335, 420, and 495 and repealed and reenacted by Laws of
45	Utah 2023, Chapter 329 and last amended by Coordination Clause, Laws of Utah
46	2023, Chapters 329, 332
47	ENACTS:
48	26B-8-501.1 , Utah Code Annotated 1953
49 50	Be it enacted by the Legislature of the state of Utah:
51	Section 1. Section 26B-1-413 is amended to read:
52	26B-1-413. Health Data Committee Purpose, powers, and duties of the
53	committee Membership Terms Chair Compensation.
54	(1) The definitions in Section 26B-8-501 apply to this section.
55	(2) [(a)] There is created within the department the Health Data Committee.
56	[(b) The purpose of the committee is to direct a statewide effort to collect, analyze, and

57	distribute health care data to facilitate the promotion and accessibility of quality and
58	cost-effective health care and also to facilitate interaction among those with concern for health
59	care issues.]
60	(3) The committee shall advise and consult with the department related to the
61	department's duties under Chapter 5, Part 8, Utah Health Data Authority.
62	[(3) The committee shall:]
63	[(a) with the concurrence of the department and in accordance with Title 63G, Chapter
64	3, Utah Administrative Rulemaking Act, develop and adopt by rule, following public hearing
65	and comment, a health data plan that shall among its elements:
66	[(i) identify the key health care issues, questions, and problems amenable to resolution
67	or improvement through better data, more extensive or careful analysis, or improved
68	dissemination of health data;]
69	[(ii) document existing health data activities in the state to collect, organize, or make
70	available types of data pertinent to the needs identified in Subsection (3)(a)(i);]
71	[(iii) describe and prioritize the actions suitable for the committee to take in response
72	to the needs identified in Subsection (3)(a)(i) in order to obtain or to facilitate the obtaining of
73	needed data, and to encourage improvements in existing data collection, interpretation, and
74	reporting activities, and indicate how those actions relate to the activities identified under
75	Subsection (3)(a)(ii);]
76	[(iv) detail the types of data needed for the committee's work, the intended data
77	suppliers, and the form in which such data are to be supplied, noting the consideration given to
78	the potential alternative sources and forms of such data and to the estimated cost to the
79	individual suppliers as well as to the department of acquiring these data in the proposed
80	manner; the plan shall reasonably demonstrate that the committee has attempted to maximize
81	cost-effectiveness in the data acquisition approaches selected;]
82	[(v) describe the types and methods of validation to be performed to assure data
83	validity and reliability;]
84	[(vi) explain the intended uses of and expected benefits to be derived from the data
85	specified in Subsection (3)(a)(iv), including the contemplated tabulation formats and analysis
86	methods; the benefits described shall demonstrably relate to one or more of the following:]
87	[(A) promoting quality health care;]

88	[(B) managing health care costs; or]
89	[(C) improving access to health care services;]
90	[(vii) describe the expected processes for interpretation and analysis of the data flowing
91	to the committee; noting specifically the types of expertise and participation to be sought in
92	those processes; and]
93	[(viii) describe the types of reports to be made available by the committee and the
94	intended audiences and uses;]
95	[(b) have the authority to collect, validate, analyze, and present health data in
96	accordance with the plan while protecting individual privacy through the use of a control
97	number as the health data identifier;]
98	[(c) evaluate existing identification coding methods and, if necessary, require by rule
99	adopted in accordance with Subsection (4), that health data suppliers use a uniform system for
100	identification of patients, health care facilities, and health care providers on health data they
101	submit under this section and Chapter 8, Part 5, Utah Health Data Authority; and]
102	[(d) advise, consult, contract, and cooperate with any corporation, association, or other
103	entity for the collection, analysis, processing, or reporting of health data identified by control
104	number only in accordance with the plan.]
105	[(4) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
106	the committee, with the concurrence of the department, may adopt rules to carry out the
107	provisions of this section and Chapter 8, Part 5, Utah Health Data Authority.]
108	[(5) (a) Except for data collection, analysis, and validation functions described in this
109	section, nothing in this section or in Chapter 8, Part 5, Utah Health Data Authority, shall be
110	construed to authorize or permit the committee to perform regulatory functions which are
111	delegated by law to other agencies of the state or federal governments or to perform quality
112	assurance or medical record audit functions that health care facilities, health care providers, or
113	third party payors are required to conduct to comply with federal or state law.]
114	[(b) The committee may not recommend or determine whether a health care provider,
115	health care facility, third party payor, or self-funded employer is in compliance with federal or
116	state laws including federal or state licensure, insurance, reimbursement, tax, malpractice, or
117	quality assurance statutes or common law.]
118	[(6) (a) Nothing in this section or in Chapter 8, Part 5, Utah Health Data Authority,

119	shall be construed to require a data supplier to supply health data identifying a patient by name
120	or describing detail on a patient beyond that needed to achieve the approved purposes included
121	in the plan.]
122	[(7) No request for health data shall be made of health care providers and other data
123	suppliers until a plan for the use of such health data has been adopted.]
124	[(8) (a) If a proposed request for health data imposes unreasonable costs on a data
125	supplier, due consideration shall be given by the committee to altering the request.]
126	[(b) If the request is not altered, the committee shall pay the costs incurred by the data
127	supplier associated with satisfying the request that are demonstrated by the data supplier to be
128	unreasonable.]
129	[(9) After a plan is adopted as provided in Section 26B-8-504, the committee may
130	require any data supplier to submit fee schedules, maximum allowable costs, area prevailing
131	costs, terms of contracts, discounts, fixed reimbursement arrangements, capitations, or other
132	specific arrangements for reimbursement to a health care provider.]
133	[(10) (a) The committee may not publish any health data collected under Subsection (9)
134	that would disclose specific terms of contracts, discounts, or fixed reimbursement
135	arrangements, or other specific reimbursement arrangements between an individual provider
136	and a specific payer.]
137	[(b) Nothing in Subsection (9) shall prevent the committee from requiring the
138	submission of health data on the reimbursements actually made to health care providers from
139	any source of payment, including consumers.]
140	$[\underbrace{(11)}]$ (4) The committee shall be composed of $[15]$ $\underline{19}$ members.
141	[(12)] (5) (a) [One member] Five members shall be:
142	(i) the commissioner of the Utah Insurance Department[; or (ii)] or the commissioner's
143	designee who shall have knowledge regarding the health care system and characteristics and
144	use of health data[-];
145	(ii) two legislators jointly appointed by the speaker of the House of Representatives
146	and the president of the Senate;
147	(iii) one advocate for data privacy jointly appointed by the speaker of the House of
148	Representatives and the president of the Senate; and
149	(iv) one member of the public with knowledge regarding data privacy jointly appointed

150	by the speaker of the House of Representatives and the president of the Senate.
151	(b) [(i)] Fourteen members shall be appointed by the governor with the advice and
152	consent of the Senate in accordance with Subsection [(13)] (6) and in accordance with Title
153	63G, Chapter 24, Part 2, Vacancies.
154	[(ii) No more than seven members of the committee appointed by the governor may be
155	members of the same political party.]
156	[(13)] (6) The members of the committee appointed under Subsection $[(12)(b)]$ (5)(b)
157	shall:
158	(a) be knowledgeable regarding the health care system and the characteristics and use
159	of health data;
160	(b) be selected so that the committee at all times includes individuals who provide
161	care;
162	(c) include one person employed by or otherwise associated with a general acute
163	hospital as defined in Section 26B-2-201, who is knowledgeable about the collection, analysis
164	and use of health care data;
165	(d) include two physicians, as defined in Section 58-67-102:
166	(i) who are licensed to practice in this state;
167	(ii) who actively practice medicine in this state;
168	(iii) who are trained in or have experience with the collection, analysis, and use of
169	health care data; and
170	(iv) one of whom is selected by the Utah Medical Association;
171	(e) include three persons:
172	(i) who are:
173	(A) employed by or otherwise associated with a business that supplies health care
174	insurance to the business's employees; and
175	(B) knowledgeable about the collection and use of health care data; and
176	(ii) at least one of whom represents an employer employing 50 or fewer employees;
177	(f) include three persons representing health insurers:
178	(i) at least one of whom is employed by or associated with a third-party payor that is
179	not licensed under Title 31A, Chapter 8, Health Maintenance Organizations and Limited
180	Health Plans;

181 (ii) at least one of whom is employed by or associated with a third party that is licensed 182 under Title 31A, Chapter 8, Health Maintenance Organizations and Limited Health Plans; and 183 (iii) who are trained in, or experienced with the collection, analysis, and use of health 184 care data; 185 (g) include two consumer representatives: (i) from organized consumer or employee associations; and 186 187 (ii) knowledgeable about the collection and use of health care data; 188 (h) include one person: 189 (i) representative of a neutral, non-biased entity that can demonstrate that the entity has 190 the broad support of health care payers and health care providers; and 191 (ii) who is knowledgeable about the collection, analysis, and use of health care data; 192 and 193 (i) include two persons representing public health who are trained in or experienced 194 with the collection, use, and analysis of health care data. 195 $[\frac{(14)}{(14)}]$ (7) (a) Except as required by Subsection $[\frac{(14)(b)}{(14)(b)}]$ (7)(b), as terms of current 196 committee members expire, the governor shall appoint each new member or reappointed 197 member to a four-year term. 198 (b) Notwithstanding the requirements of Subsection $[\frac{(14)(a)}{(14)(a)}]$ (7)(a), the governor shall, 199 at the time of appointment or reappointment, adjust the length of terms to ensure that the terms 200 of committee members are staggered so that approximately half of the committee is appointed 201 every two years. 202 (c) Members may serve after the members' terms expire until replaced. 203 [(15)] (8) When a vacancy occurs in the membership for any reason, the replacement 204 shall be appointed for the unexpired term. 205 [(16)] (9) Committee members shall annually elect a chair of the committee from 206 among the committee's membership. The chair shall report to the executive director. 207 [(17)] (10) (a) The committee shall meet at least once during each calendar quarter. 208 Meeting dates shall be set by the chair upon 10 working days' notice to the other members, or 209 upon written request by at least four committee members with at least 10 working days' notice 210 to other committee members. 211 (b) [Eight] Ten committee members constitute a quorum for the transaction of

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212	business. Action may not be taken except upon the affirmative vote of a majority of a quorum
213	of the committee.
214	(c) All meetings of the committee shall be open to the public, except that the
215	committee may hold a closed meeting if the requirements of Sections 52-4-204, 52-4-205, and
216	52-4-206 are met.
217	[(18)] <u>(11)</u> A member:
218	(a) may not receive compensation or benefits for the member's service, but may receive
219	per diem and travel expenses in accordance with:
220	(i) Section 63A-3-106;
221	(ii) Section 63A-3-107; and
222	(iii) rules made by the Division of Finance pursuant to Sections 63A-3-106 and
223	63A-3-107; and
224	(b) shall comply with the conflict of interest provisions described in Title 63G, Chapter
225	24, Part 3, Conflicts of Interest.
226	Section 2. Section 26B-4-106 (Superseded 07/01/24) is amended to read:
227	26B-4-106 (Superseded 07/01/24). Data collection.
228	(1) The committee shall specify the information that shall be collected for the
229	emergency medical services data system established pursuant to Subsection (2).
230	(2) (a) The department shall establish an emergency medical services data system,
231	which shall provide for the collection of information, as defined by the committee, relating to
232	the treatment and care of patients who use or have used the emergency medical services
233	system.
234	(b) The committee shall coordinate with the [Health Data Authority created in Chapter
235	8, Part 5, Utah Health Data Authority] department, to create a report of data collected by the
236	[Health Data Committee] department under Section 26B-8-504 regarding:
237	(i) appropriate analytical methods;
238	(ii) the total amount of air ambulance flight charges in the state for a one-year period;
239	and
240	(iii) of the total number of flights in a one-year period under Subsection (2)(b)(ii):
241	(A) the number of flights for which a patient had no personal responsibility for paying
242	part of the flight charges;

243	(B) the number of flights for which a patient had personal responsibility to pay all or
244	part of the flight charges;
245	(C) the range of flight charges for which patients had personal responsibility under
246	Subsection (2)(b)(iii)(B), including the median amount for paid patient personal responsibility;
247	and
248	(D) the name of any air ambulance provider that received a median paid amount for
249	patient responsibility in excess of the median amount for all paid patient personal responsibility
250	during the reporting year.
251	(c) The department may share, with the Department of Public Safety, information from
252	the emergency medical services data system that:
253	(i) relates to traffic incidents;
254	(ii) is for the improvement of traffic safety;
255	(iii) may not be used for the prosecution of criminal matters; and
256	(iv) may not include any personally identifiable information.
257	(3) (a) On or before October 1, the department shall make the information in
258	Subsection (2)(b) public and send the information in Subsection (2)(b) to public safety
259	dispatchers and first responders in the state.
260	(b) Before making the information in Subsection (2)(b) public, the committee shall
261	provide the air ambulance providers named in the report with the opportunity to respond to the
262	accuracy of the information in the report under Section 26B-8-506.
263	(4) Persons providing emergency medical services:
264	(a) shall provide information to the department for the emergency medical services
265	data system established pursuant to Subsection (2)(a);
266	(b) are not required to provide information to the department under Subsection (2)(b);
267	and
268	(c) may provide information to the department under Subsection (2)(b) or (3)(b).
269	Section 3. Section 26B-8-501 is amended to read:
270	26B-8-501. Definitions.
271	As used in this part:
272	(1) "Committee" means the Health Data Committee created in Section 26B-1-413.
273	(2) "Control number" means [a number assigned by the committee to an individual's

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- 274 health data as an identifier so that the health data can be disclosed or used in research and statistical analysis without readily identifying the individual] a number or other identifier that: 275 (a) is assigned by the department to an individual's health data: 276 277 (b) is consistent with the best practices of data privacy; and 278 (c) is used to ensure health data is not able to be readily associated with an individual 279 when the health data is provided for research or statistical analysis. (3) "Data supplier" means a health care facility, health care provider, self-funded 280 281 employer, third-party payor, health maintenance organization, or government department which 282 could reasonably be expected to provide health data under this part. 283 (4) "Disclosure" or "disclose" means the communication of health care data to any 284 individual or organization outside the [committee] department, its staff, and contracting 285 agencies. (5) (a) "Health care facility" means a facility that is licensed by the department under 286 Chapter 2, Part 2, Health Care Facility Licensing and Inspection. 287 288 (b) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the 289 [committee, with the concurrence of the department] department, in consultation with the 290 committee, may by rule add, delete, or modify the list of facilities that come within this 291 definition for purposes of this part. 292 (6) "Health care provider" means the same as that term is defined in Section 293 78B-3-403. 294 (7) "Health data" means information relating to the health status of individuals, health 295 services delivered, the availability of health manpower and facilities, and the use and costs of 296 resources and services to the consumer, except vital records as defined in Section 26B-8-101 297 shall be excluded. 298 (8) "Health maintenance organization" means the same as that term is defined in 299 Section 31A-8-101.

 - (9) "Identifiable health data" means any item, collection, or grouping of health data that makes the individual supplying or described in the health data identifiable.
 - (10) "Organization" means any corporation, association, partnership, agency, department, unit, or other legally constituted institution or entity, or part thereof.
 - (11) "Research and statistical analysis" means activities using health data analysis

303	including.
306	(a) describing the group characteristics of individuals or organizations;
307	(b) analyzing the noncompliance among the various characteristics of individuals or
308	organizations;
309	(c) conducting statistical procedures or studies to improve the quality of health data;
310	(d) designing sample surveys and selecting samples of individuals or organizations;
311	and
312	(e) preparing and publishing reports describing these matters.
313	(12) "Self-funded employer" means an employer who provides for the payment of
314	health care services for employees directly from the employer's funds, thereby assuming the
315	financial risks rather than passing them on to an outside insurer through premium payments.
316	(13) "Plan" means the plan developed and adopted by the [Health Data Committee]
317	department under [Section 26B-1-413] this part.
318	(14) "Third party payor" means:
319	(a) an insurer offering a health benefit plan, as defined by Section 31A-1-301, to at
320	least 2,500 enrollees in the state;
321	(b) a nonprofit health service insurance corporation licensed under Title 31A, Chapter
322	7, Nonprofit Health Service Insurance Corporations;
323	(c) a program funded or administered by Utah for the provision of health care services,
324	including the Medicaid and medical assistance programs described in Chapter 3, Part 1, Health
325	Care Assistance; and
326	(d) a corporation, organization, association, entity, or person:
327	(i) which administers or offers a health benefit plan to at least 2,500 enrollees in the
328	state; and
329	(ii) which is required by administrative rule adopted by the department in accordance
330	with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to supply health data to the
331	[committee] department.
332	Section 4. Section 26B-8-501.1 is enacted to read:
333	26B-8-501.1. Health data authority duties.
334	(1) The department shall:
335	(a) in consultation with the committee and in accordance with Title 63G, Chapter 3,

336	Utah Administrative Rulemaking Act, develop and adopt by rule, following public hearing and
337	comment, a health data plan that shall among its elements:
338	(i) identify the key health care issues, questions, and problems amenable to resolution
339	or improvement through better data, more extensive or careful analysis, or improved
340	dissemination of health data;
341	(ii) document existing health data activities in the state to collect, organize, or make
342	available types of data pertinent to the needs identified in Subsection (1)(a)(i);
343	(iii) describe and prioritize the actions suitable for the department to take in response to
344	the needs identified in Subsection (1)(a)(i) in order to obtain or to facilitate the obtaining of
345	needed data, and to encourage improvements in existing data collection, interpretation, and
346	reporting activities, and indicate how those actions relate to the activities identified under
347	Subsection (1)(a)(ii);
348	(iv) detail the types of data needed for the department's work, the intended data
349	suppliers, and the form in which such data are to be supplied, noting the consideration given to
350	the potential alternative sources and forms of such data and to the estimated cost to the
351	individual suppliers as well as to the department of acquiring the data in the proposed manner
352	and reasonably demonstrate that the department has attempted to maximize cost-effectiveness
353	in the data acquisition approaches selected;
354	(v) describe the types and methods of validation to be performed to assure data validity
355	and reliability;
356	(vi) explain the intended uses of and expected benefits to be derived from the data
357	specified in Subsection (1)(a)(iv), including the contemplated tabulation formats and analysis
358	methods; the benefits described shall demonstrably relate to one or more of the following:
359	(A) promoting quality health care;
360	(B) managing health care costs; or
361	(C) improving access to health care services;
362	(vii) describe the expected processes for interpretation and analysis of the data flowing
363	to the department, noting specifically the types of expertise and participation to be sought in
364	those processes; and
365	(viii) describe the types of reports to be made available by the department and the
366	intended audiences and uses;

367	(b) have the authority to collect, validate, analyze, and present health data in
368	accordance with the plan while protecting individual privacy through the use of the best
369	practices of data privacy;
370	(c) evaluate existing identification coding methods and, if necessary, require by rule
371	adopted in accordance with Subsection (2), that health data suppliers use a uniform system for
372	identification of patients, health care facilities, and health care providers on health data they
373	submit under this section and Chapter 8, Part 5, Utah Health Data Authority; and
374	(d) advise, consult, contract, and cooperate with any corporation, association, or other
375	entity for the collection, analysis, processing, or reporting of health data.
376	(2) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
377	department, in consultation with the committee, may adopt rules to carry out the provisions of
378	this section and Chapter 8, Part 5, Utah Health Data Authority.
379	(3) (a) Except for data collection, analysis, and validation functions described in this
380	section, nothing in this part shall be construed to authorize or permit the department to perform
381	regulatory functions which are delegated by law to other agencies of the state or federal
382	governments or to perform quality assurance or medical record audit functions that health care
383	facilities, health care providers, or third party payors are required to conduct to comply with
384	federal or state law.
385	(b) The department may not recommend or determine whether a health care provider,
386	health care facility, third party payor, or self-funded employer is in compliance with federal or
387	state laws including federal or state licensure, insurance, reimbursement, tax, malpractice, or
388	quality assurance statutes or common law.
389	(4) Nothing in this part, shall be construed to require a data supplier to supply health
390	data identifying a patient by name or describing detail on a patient beyond that needed to
391	achieve the approved purposes included in the plan.
392	(5) No request for health data shall be made of health care providers and other data
393	suppliers until a plan for the use of such health data has been adopted.
394	(6) (a) If a proposed request for health data imposes unreasonable costs on a data
395	supplier, due consideration shall be given by the department to altering the request.
396	(b) If the request is not altered, the department shall pay the costs incurred by the data
397	supplier associated with satisfying the request that are demonstrated by the data supplier to be

398	unreasonable.
399	(7) After a plan is adopted as provided in Section 26B-8-504, the department may
400	require any data supplier to submit fee schedules, maximum allowable costs, area prevailing
401	costs, terms of contracts, discounts, fixed reimbursement arrangements, capitations, or other
402	specific arrangements for reimbursement to a health care provider.
403	(8) (a) The department may not publish any health data collected under Subsection (7)
404	that would disclose specific terms of contracts, discounts, or fixed reimbursement
405	arrangements, or other specific reimbursement arrangements between an individual provider
406	and a specific payer.
407	(b) Nothing in Subsection (7) shall prevent the department from requiring the
408	submission of health data on the reimbursements actually made to health care providers from
409	any source of payment, including consumers.
410	(9) Any data collected by the department shall be done in accordance with state and
411	federal data privacy laws.
412	(10) (a) The department shall:
413	(i) create an opt-out system where an individual may choose to have an individual's
414	identifiable health data suppressed or restricted from being accessible for department duties
415	described under this part;
416	(ii) maintain a list of people who have opted out for use in accordance with Subsection
417	(10)(b); and
418	(iii) provide instructions for the opt-out system described in Subsection (10)(a)(i) in a
419	conspicuous location on the department's website.
420	(b) For an individual who opts out under Subsection (10)(a), the department may not
421	share, analyze, or use any identifiable health data from the health data obtained under this part
422	for the individual, including data previously obtained under this part.
423	(11) (a) For identifiable health data, the department shall:
424	(i) use the minimum necessary data to accomplish the duties described in this part; and
425	(ii) only use personally identifiable information for:
426	(A) quality assurance;
427	(B) referential integrity; or
428	(C) complying with breach notification requirements.

429	(b) If the department receives an individual's social security number with data obtained
430	under this part, the department may not share any part of the social security number with any
431	person.
432	(12) The department shall annually report to the Health and Human Services Interim
433	Committee regarding privacy practices and efforts the department is undertaking to enhance
434	data privacy.
435	(13) (a) Before October 1, 2024, the department shall review all state statutory
436	mandates related to the collection of any form of health data and provide a written report to the
437	Health and Human Services Interim Committee outlining the mandates that are older than 10
438	years old with:
439	(i) a description regarding how the data is used; and
440	(ii) a recommendation regarding whether the department should continue collecting the
441	data.
442	(b) The department may request assistance from the Office of Legislative Research and
443	General Counsel to determine when statutory mandates were enacted.
444	Section 5. Section 26B-8-502 is amended to read:
445	26B-8-502. Executive secretary Appointment Powers.
446	(1) An executive secretary shall be appointed by the executive director, [with the
447	approval of the] in consultation with the committee, and shall serve under the administrative
448	direction of the executive director.
449	(2) The executive secretary shall:
450	(a) employ full-time employees necessary to carry out this part;
451	(b) supervise the development of a draft health data plan for the [committee's]
452	department's review, modification, and approval; and
453	(c) supervise and conduct the staff functions of the committee in order to assist the
454	committee in meeting its responsibilities under this part.
455	Section 6. Section 26B-8-503 is amended to read:
456	26B-8-503. Limitations on use of health data.
457	The [committee] department may not use the health data provided to it by third-party
458	payors, health care providers, or health care facilities to make recommendations with regard to
459	a single health care provider or health care facility, or a group of health care providers or health

460	care facilities.
461	Section 7. Section 26B-8-504 is amended to read:
462	26B-8-504. Health care cost and reimbursement data.
463	(1) The [committee] department shall, as funding is available:
464	(a) establish a plan for collecting data from data suppliers to determine measurements
465	of cost and reimbursements for risk-adjusted episodes of health care;
466	(b) share data regarding insurance claims and an individual's and small employer
467	group's health risk factor and characteristics of insurance arrangements that affect claims and
468	usage with the Insurance Department, only to the extent necessary for:
469	(i) risk adjusting; and
470	(ii) the review and analysis of health insurers' premiums and rate filings; and
471	(c) assist the Legislature and the public with awareness of, and the promotion of,
472	transparency in the health care market by reporting on:
473	(i) geographic variances in medical care and costs as demonstrated by data available to
474	the [committee] department; and
475	(ii) rate and price increases by health care providers:
476	(A) that exceed the Consumer Price Index - Medical as provided by the United States
477	Bureau of Labor Statistics;
478	(B) as calculated yearly from June to June; and
479	(C) as demonstrated by data available to the [committee] department;
480	(d) provide on at least a monthly basis, enrollment data collected by the [committee]
481	department to a not-for-profit, broad-based coalition of state health care insurers and health
482	care providers that are involved in the standardized electronic exchange of health data as
483	described in Section 31A-22-614.5, to the extent necessary:
484	(i) for the department or the Medicaid Office of the Inspector General to determine
485	insurance enrollment of an individual for the purpose of determining Medicaid third party
486	liability;
487	(ii) for an insurer that is a data supplier, to determine insurance enrollment of an
488	individual for the purpose of coordination of health care benefits; and
489	(iii) for a health care provider, to determine insurance enrollment for a patient for the
490	purpose of claims submission by the health care provider;

491 (e) coordinate with the State Emergency Medical Services Committee to publish data 492 regarding air ambulance charges under Section 26B-4-106; 493 (f) share data collected under this part with the state auditor for use in the health care 494 price transparency tool described in Section 67-3-11; and 495 (g) publish annually a report on primary care spending within Utah. 496 (2) A data supplier is not liable for a breach of or unlawful disclosure of the data 497 caused by an entity that obtains data in accordance with Subsection (1). 498 (3) The plan adopted under Subsection (1) shall include: 499 (a) the type of data that will be collected; 500 (b) how the data will be evaluated; 501 (c) how the data will be used; 502 (d) the extent to which, and how the data will be protected; and 503 (e) who will have access to the data. Section 8. Section **26B-8-505** is amended to read: 504 505 26B-8-505. Comparative analyses. 506 (1) The [committee] department may publish compilations or reports that compare and 507 identify health care providers or data suppliers from the data it collects under this part or from 508 any other source. 509 (2) (a) Except as provided in Subsection (7)(c), the [committee] department shall 510 publish compilations or reports from the data it collects under this part or from any other 511 source which: 512 (i) contain the information described in Subsection (2)(b); and (ii) compare and identify by name at least a majority of the health care facilities, health 513 514 care plans, and institutions in the state. 515 (b) Except as provided in Subsection (7)(c), the report required by this Subsection (2) 516 shall: 517 (i) be published at least annually; 518 (ii) list, as determined by the [committee] department, the median paid amount for at least the top 50 medical procedures performed in the state by volume; 519 520 (iii) describe the methodology approved by the [committee] department to determine 521 the amounts described in Subsection (2)(b)(ii); and

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department, and shall compare:

522 (iv) contain comparisons based on at least the following factors: 523 (A) nationally or other generally recognized quality standards; 524 (B) charges; and 525 (C) nationally recognized patient safety standards. 526 (3) (a) The [committee] department may contract with a private, independent analyst to 527 evaluate the standard comparative reports of the [committee] department that identify, 528 compare, or rank the performance of data suppliers by name. 529 (b) The evaluation described in this Subsection (3) shall include a validation of 530 statistical methodologies, limitations, appropriateness of use, and comparisons using standard 531 health services research practice. 532 (c) The independent analyst described in Subsection (3)(a) shall be experienced in 533 analyzing large databases from multiple data suppliers and in evaluating health care issues of 534 cost, quality, and access. 535 (d) The results of the analyst's evaluation shall be released to the public before the standard comparative analysis upon which it is based may be published by the [committee] 536 537 department. 538 (4) The [committee, with the concurrence of the department,] department, in 539 consultation with the committee shall make rules in accordance with Title 63G, Chapter 3, 540 Utah Administrative Rulemaking Act, to adopt a timetable for the collection and analysis of 541 data from multiple types of data suppliers. 542 (5) The comparative analysis required under Subsection (2) shall be available free of 543 charge and easily accessible to the public. 544 (6) (a) The department shall include in the report required by Subsection (2)(b), or 545 include in a separate report, comparative information on commonly recognized or generally 546 agreed upon measures of cost and quality identified in accordance with Subsection (7), for: 547 (i) routine and preventive care; and 548 (ii) the treatment of diabetes, heart disease, and other illnesses or conditions as 549 determined by the [committee] department. 550 (b) The comparative information required by Subsection (6)(a) shall be based on data

collected under Subsection (2) and clinical data that may be available to the [committee]

553 (i) results for health care facilities or institutions; 554 (ii) results for health care providers by geographic regions of the state; 555 (iii) a clinic's aggregate results for a physician who practices at a clinic with five or 556 more physicians; and 557 (iv) a geographic region's aggregate results for a physician who practices at a clinic 558 with less than five physicians, unless the physician requests physician-level data to be 559 published on a clinic level. 560 (c) The department: 561 (i) may publish information required by this Subsection (6) directly or through one or 562 more nonprofit, community-based health data organizations; and 563 (ii) may use a private, independent analyst under Subsection (3)(a) in preparing the 564 report required by this section. 565 (d) A report published by the department under this Subsection (6): (i) is subject to the requirements of Section 26B-8-506; and 566 567 (ii) shall, prior to being published by the department, be submitted to a neutral, 568 non-biased entity with a broad base of support from health care payers and health care 569 providers in accordance with Subsection (7) for the purpose of validating the report. 570 (7) (a) [The Health Data Committee shall, through the] The department, for purposes 571 of Subsection (6)(a), use the quality measures that are developed and agreed upon by a neutral, 572 non-biased entity with a broad base of support from health care payers and health care 573 providers. 574 (b) If the entity described in Subsection (7)(a) does not submit the quality measures, 575 the department may select the appropriate number of quality measures for purposes of the 576 report required by Subsection (6). 577 (c) (i) For purposes of the reports published on or after July 1, 2014, the department 578 may not compare individual facilities or clinics as described in Subsections (6)(b)(i) through 579 (iv) if the department determines that the data available to the department can not be 580 appropriately validated, does not represent nationally recognized measures, does not reflect the 581 mix of cases seen at a clinic or facility, or is not sufficient for the purposes of comparing 582 providers.

(ii) The department shall report to the [Legislature's] Health and Human Services

584	Interim Committee prior to making a determination not to publish a report under Subsection
585	(7)(c)(i).
586	Section 9. Section 26B-8-506 is amended to read:
587	26B-8-506. Limitations on release of reports.
588	The [committee] department may not release a compilation or report that compares and
589	identifies health care providers or data suppliers unless it:
590	(1) allows the data supplier and the health care provider to verify the accuracy of the
591	information submitted to the [committee] department and submit to the [committee]
592	department any corrections of errors with supporting evidence and comments within a
593	reasonable period of time to be established by rule, with the concurrence of the department,
594	made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act;
595	(2) corrects data found to be in error; and
596	(3) allows the data supplier a reasonable amount of time prior to publication to review
597	the [committee's] department's interpretation of the data and prepare a response.
598	Section 10. Section 26B-8-507 is amended to read:
599	26B-8-507. Disclosure of identifiable health data prohibited.
600	(1) (a) All information, reports, statements, memoranda, or other data received by the
601	[committee] department are strictly confidential.
602	(b) Any use, release, or publication of the information shall be done in such a way that
603	no person is identifiable except as provided in Sections 26B-8-506 and 26B-8-508.
604	(2) No member of the [committee] department may be held civilly liable by reason of
605	having released or published reports or compilations of data supplied to the [committee]
606	department, so long as the publication or release is in accordance with the requirements of
607	Subsection (1).
608	(3) No person, corporation, or entity may be held civilly liable for having provided data
609	to the [committee] department in accordance with this part.
610	Section 11. Section 26B-8-508 is amended to read:
611	26B-8-508. Exceptions to prohibition on disclosure of identifiable health data.
612	(1) The [committee] department may not disclose any identifiable health data unless:
613	(a) the individual has authorized the disclosure;
614	(b) the disclosure is to the department or a public health authority in accordance with

615	Subsection (2); or
616	(c) the disclosure complies with the provisions of:
617	(i) Subsection (3);
618	(ii) insurance enrollment and coordination of benefits under Subsection
619	26B-8-504(1)(d); or
620	(iii) risk adjusting under Subsection 26B-8-504(1)(b).
621	(2) The [committee] department may disclose identifiable health data to the department
622	or a public health authority under Subsection (1)(b) if:
623	(a) the department or the public health authority has clear statutory authority to possess
624	the identifiable health data; and
625	(b) the disclosure is solely for use:
626	(i) in the Utah Statewide Immunization Information System operated by the
627	department;
628	(ii) in the Utah Cancer Registry operated by the University of Utah, in collaboration
629	with the department; or
630	(iii) by the medical examiner, as defined in Section 26B-8-201, or the medical
631	examiner's designee.
632	(3) The [committee] department shall consider the following when responding to a
633	request for disclosure of information that may include identifiable health data:
634	(a) whether the request comes from a person after that person has received approval to
635	do the specific research or statistical work from an institutional review board; and
636	(b) whether the requesting entity complies with the provisions of Subsection (4).
637	(4) A request for disclosure of information that may include identifiable health data
638	shall:
639	(a) be for a specified period; or
640	(b) be solely for bona fide research or statistical purposes as determined in accordance
641	with administrative rules adopted by the department in accordance with Title 63G, Chapter 3,
642	Utah Administrative Rulemaking Act, which shall require:
643	(i) the requesting entity to demonstrate to the department that the data is required for
644	the research or statistical purposes proposed by the requesting entity; and
645	(ii) the requesting entity to enter into a written agreement satisfactory to the department

040	to protect the data in accordance with this part of other applicable law.
647	(5) A person accessing identifiable health data pursuant to Subsection (4) may not
648	further disclose the identifiable health data:
649	(a) without prior approval of the department; and
650	(b) unless the identifiable health data is disclosed or identified by control number only.
651	(6) Identifiable health data that has been designated by a data supplier as being subject
652	to regulation under 42 C.F.R. Part 2, Confidentiality of Substance Use Disorder Patient
653	Records, may only be used or disclosed in accordance with applicable federal regulations.
654	Section 12. Section 53-2d-203 (Effective 07/01/24) is amended to read:
655	53-2d-203 (Effective 07/01/24). Data collection.
656	(1) The committee shall specify the information that shall be collected for the
657	emergency medical services data system established pursuant to Subsection (2).
658	(2) (a) The bureau shall establish an emergency medical services data system, which
659	shall provide for the collection of information, as defined by the committee, relating to the
660	treatment and care of patients who use or have used the emergency medical services system.
661	(b) The committee shall coordinate with the [Health Data Authority created in Title
662	26B, Chapter 8, Part 5, Utah Health Data Authority] Department of Health and Human
663	Services, to create a report of data collected by the [Health Data Committee] Department of
664	Health and Human Services under Section 26B-8-504 regarding:
665	(i) appropriate analytical methods;
666	(ii) the total amount of air ambulance flight charges in the state for a one-year period;
667	and
668	(iii) of the total number of flights in a one-year period under Subsection (2)(b)(ii):
669	(A) the number of flights for which a patient had no personal responsibility for paying
670	part of the flight charges;
671	(B) the number of flights for which a patient had personal responsibility to pay all or
672	part of the flight charges;
673	(C) the range of flight charges for which patients had personal responsibility under
674	Subsection (2)(b)(iii)(B), including the median amount for paid patient personal responsibility;
675	and
676	(D) the name of any air ambulance provider that received a median paid amount for

677	patient responsibility in excess of the median amount for all paid patient personal responsibility
678	during the reporting year.
679	(c) The bureau may share, with the department, information from the emergency
680	medical services data system that:
681	(i) relates to traffic incidents; and
682	(ii) is for the improvement of traffic safety.
683	(d) Information shared under Subsection (2)(c) may not:
684	(i) be used for the prosecution of criminal matters; or
685	(ii) include any personally identifiable information.
686	(3) (a) On or before October 1, the department shall make the information in
687	Subsection (2)(b) public and send the information in Subsection (2)(b) to public safety
688	dispatchers and first responders in the state.
689	(b) Before making the information in Subsection (2)(b) public, the committee shall
690	provide the air ambulance providers named in the report with the opportunity to respond to the
691	accuracy of the information in the report under Section 26B-8-506.
692	(4) Persons providing emergency medical services:
693	(a) shall provide information to the department for the emergency medical services
694	data system established pursuant to Subsection (2)(a);
695	(b) are not required to provide information to the department under Subsection (2)(b);
696	and
697	(c) may provide information to the department under Subsection (2)(b) or (3)(b).
698	Section 13. Section 63A-13-301 is amended to read:
699	63A-13-301. Access to records Retention of designation under Government
700	Records Access and Management Act.
701	(1) In order to fulfill the duties described in Section 63A-13-202, and in the manner
702	provided in Subsection (4), the office shall have unrestricted access to all records of state
703	executive branch entities, all local government entities, and all providers relating, directly or
704	indirectly, to:
705	(a) the state Medicaid program;
706	(b) state or federal Medicaid funds;
707	(c) the provision of Medicaid related services:

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Management Act.

- 708 (d) the regulation or management of any aspect of the state Medicaid program; 709 (e) the use or expenditure of state or federal Medicaid funds; 710 (f) suspected or proven fraud, waste, or abuse of state or federal Medicaid funds: (g) Medicaid program policies, practices, and procedures: 711 712 (h) monitoring of Medicaid services or funds; or 713 (i) a fatality review of a person who received Medicaid funded services. 714 (2) The office shall have access to information in any database maintained by the state 715 or a local government to verify identity, income, employment status, or other factors that affect 716 eligibility for Medicaid services. 717 (3) The records described in Subsections (1) and (2) include records held or maintained 718 by the department, the division, the Department of Health and Human Services, the 719 Department of Workforce Services, a local health department, a local mental health authority, 720 or a school district. The records described in Subsection (1) include records held or maintained by a provider. When conducting an audit of a provider, the office shall, to the extent possible, 721 722 limit the records accessed to the scope of the audit. 723 (4) A record, described in Subsection (1) or (2), that is accessed or copied by the 724 office: (a) may be reviewed or copied by the office during normal business hours, unless 725 726 otherwise requested by the provider or health care professional under Subsection (4)(b); 727 (b) unless there is a credible allegation of fraud, shall be accessed, reviewed, and 728 copied in a manner, on a day, and at a time that is minimally disruptive to the health care 729 professional's or provider's care of patients, as requested by the health care professional or 730 provider; 731 (c) may be submitted electronically; 732 (d) may be submitted together with other records for multiple claims; and 733 (e) if it is a government record, shall retain the classification made by the entity 734 responsible for the record, under Title 63G, Chapter 2, Government Records Access and
 - (5) Except as provided in Subsection (7), notwithstanding any provision of state law to the contrary, the office shall have the same access to all records, information, and databases to which the department or the division has access.

- 739 (6) The office shall comply with the requirements of federal law, including the Health 740 Insurance Portability and Accountability Act of 1996 and 42 C.F.R., Part 2, relating to the 741 office's:
 - (a) access, review, retention, and use of records; and
- 743 (b) use of information included in, or derived from, records.
- 744 (7) The office's access to data held by the [Health Data Committee] Department of
- Health and Human Services under Title 26B, Chapter 8, Part 5, Utah Health Data Authority:
- 746 (a) is not subject to this section; and
- 747 (b) is subject to Title 26B, Chapter 8, Part 5, Utah Health Data Authority.
- Section 14. Section **63I-1-226** (Superseded **07/01/24**) is amended to read:
- 749 63I-1-226 (Superseded 07/01/24). Repeal dates: Titles 26A through 26B.
- 750 (1) Subsection 26B-1-204(2)(i), related to the Primary Care Grant Committee, is 751 repealed July 1, 2025.
- 752 (2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1, 753 2024.
- 754 (3) Section 26B-1-319, which creates the Neuro-Rehabilitation Fund, is repealed 755 January 1, 2025.
- 756 (4) Section 26B-1-320, which creates the Pediatric Neuro-Rehabilitation Fund, is 757 repealed January 1, 2025.
- 758 (5) Subsection 26B-1-324(4), the language that states "the Behavioral Health Crisis Response Commission, as defined in Section 63C-18-202," is repealed December 31, 2026.
- 760 (6) Subsection 26B-1-329(6), related to the Behavioral Health Crisis Response 761 Commission, is repealed December 31, 2026.
- 762 (7) Section 26B-1-402, related to the Rare Disease Advisory Council Grant Program, is 763 repealed July 1, 2026.
- 764 (8) Section 26B-1-409, which creates the Utah Digital Health Service Commission, is 765 repealed July 1, 2025.
- 766 (9) Section 26B-1-410, which creates the Primary Care Grant Committee, is repealed 767 July 1, 2025.
- 768 (10) Section 26B-1-416, which creates the Utah Children's Health Insurance Program Advisory Council, is repealed July 1, 2025.

- 770 (11) Section 26B-1-417, which creates the Brain Injury Advisory Committee, is 771 repealed July 1, 2025.
- 772 (12) Section 26B-1-418, which creates the Neuro-Rehabilitation Fund and Pediatric 773 Neuro-Rehabilitation Fund Advisory Committee, is repealed January 1, 2025.
- 774 (13) Section 26B-1-422, which creates the Early Childhood Utah Advisory Council, is 775 repealed July 1, 2029.
- 776 (14) Section 26B-1-428, which creates the Youth Electronic Cigarette, Marijuana, and 777 Other Drug Prevention Program, is repealed July 1, 2025.
- 778 (15) Section 26B-1-430, which creates the Coordinating Council for Persons with 779 Disabilities, is repealed July 1, 2027.
- 780 (16) Section 26B-1-431, which creates the Forensic Mental Health Coordinating Council, is repealed July 1, 2023.
- 782 (17) Section 26B-1-432, which creates the Newborn Hearing Screening Committee, is repealed July 1, 2026.
- 784 (18) Section 26B-1-434, regarding the Correctional Postnatal and Early Childhood 785 Advisory Board, is repealed July 1, 2026.
- 786 (19) Section 26B-2-407, related to drinking water quality in child care centers, is repealed July 1, 2027.
- 788 (20) Subsection 26B-3-107(9), which addresses reimbursement for dental hygienists, is repealed July 1, 2028.
- 790 (21) Section 26B-3-136, which creates the Children's Health Care Coverage Program, 791 is repealed July 1, 2025.
- 792 (22) Section 26B-3-137, related to reimbursement for the National Diabetes Prevention 793 Program, is repealed June 30, 2027.
- 794 (23) Subsection 26B-3-213(2), the language that states "and the Behavioral Health
- 795 Crisis Response Commission created in Section 63C-18-202" is repealed December 31, 2026.
- 796 (24) Sections 26B-3-302 through 26B-3-309, regarding the Drug Utilization Review 797 Board, are repealed July 1, 2027.
- 798 (25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1, 799 2024.
- 800 (26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is

- 801 repealed July 1, 2024.
- 802 (27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,
- 803 2028.
- 804 (28) Section 26B-3-910, regarding alternative eligibility, is repealed July 1, 2028.
- 805 (29) Section 26B-4-136, related to the Volunteer Emergency Medical Service
- Personnel Health Insurance Program, is repealed July 1, 2027.
- 807 (30) Section 26B-4-710, related to rural residency training programs, is repealed July 1,
- 808 2025.
- 809 (31) Subsections 26B-5-112(1) and (5), the language that states "In consultation with
- the Behavioral Health Crisis Response Commission, established in Section 63C-18-202," is
- repealed December 31, 2026.
- 812 (32) Section 26B-5-112.5 is repealed December 31, 2026.
- 813 (33) Section 26B-5-114, related to the Behavioral Health Receiving Center Grant
- Program, is repealed December 31, 2026.
- 815 (34) Section 26B-5-118, related to collaborative care grant programs, is repealed
- 816 December 31, 2024.
- 817 (35) Section 26B-5-120 is repealed December 31, 2026.
- 818 (36) In relation to the Utah Assertive Community Treatment Act, on July 1, 2024:
- 819 (a) Subsection 26B-5-606(2)(a)(i), the language that states "and" is repealed; and
- 820 (b) Subsections 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c) are
- 821 repealed.
- 822 (37) In relation to the Behavioral Health Crisis Response Commission, on December
- 823 31, 2026:
- 824 (a) Subsection 26B-5-609(1)(a) is repealed;
- 825 (b) Subsection 26B-5-609(3)(a), the language that states "With recommendations from
- the commission," is repealed;
- 827 (c) Subsection 26B-5-610(1)(b) is repealed;
- 828 (d) Subsection 26B-5-610(2)(b), the language that states "and in consultation with the
- 829 commission," is repealed; and
- (e) Subsection 26B-5-610(4), the language that states "In consultation with the
- 831 commission," is repealed.

- 832 (38) Subsections 26B-5-611(1)(a) and (10), in relation to the Utah Substance Use and 833 Mental Health Advisory Council, are repealed January 1, 2033.
- 834 (39) Section 26B-5-612, related to integrated behavioral health care grant programs, is 835 repealed December 31, 2025.
- 836 (40) Subsection 26B-7-119(5), related to reports to the Legislature on the outcomes of 837 the Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.
- 838 (41) Section 26B-7-224, related to reports to the Legislature on violent incidents and fatalities involving substance abuse, is repealed December 31, 2027.
- 840 (42) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 841 [2024] 2026.
- 842 (43) Section 26B-8-513, related to identifying overuse of non-evidence-based health care, is repealed December 31, 2023.
- Section 15. Section **63I-1-226** (Effective **07/01/24**) is amended to read:
- 845 63I-1-226 (Effective 07/01/24). Repeal dates: Titles 26A through 26B.
- 846 (1) Subsection 26B-1-204(2)(i), related to the Primary Care Grant Committee, is 847 repealed July 1, 2025.
- 848 (2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1, 849 2024.
- 850 (3) Section 26B-1-319, which creates the Neuro-Rehabilitation Fund, is repealed 851 January 1, 2025.
- 852 (4) Section 26B-1-320, which creates the Pediatric Neuro-Rehabilitation Fund, is 853 repealed January 1, 2025.
- 854 (5) Subsection 26B-1-324(4), the language that states "the Behavioral Health Crisis Response Commission, as defined in Section 63C-18-202," is repealed December 31, 2026.
- 856 (6) Subsection 26B-1-329(6), related to the Behavioral Health Crisis Response 857 Commission, is repealed December 31, 2026.
- 858 (7) Section 26B-1-402, related to the Rare Disease Advisory Council Grant Program, is 859 repealed July 1, 2026.
- 860 (8) Section 26B-1-409, which creates the Utah Digital Health Service Commission, is repealed July 1, 2025.
- 862 (9) Section 26B-1-410, which creates the Primary Care Grant Committee, is repealed

- 863 July 1, 2025.
- 864 (10) Section 26B-1-416, which creates the Utah Children's Health Insurance Program
- Advisory Council, is repealed July 1, 2025.
- 866 (11) Section 26B-1-417, which creates the Brain Injury Advisory Committee, is
- 867 repealed July 1, 2025.
- 868 (12) Section 26B-1-418, which creates the Neuro-Rehabilitation Fund and Pediatric
- Neuro-Rehabilitation Fund Advisory Committee, is repealed January 1, 2025.
- 870 (13) Section 26B-1-422, which creates the Early Childhood Utah Advisory Council, is
- 871 repealed July 1, 2029.
- 872 (14) Section 26B-1-428, which creates the Youth Electronic Cigarette, Marijuana, and
- Other Drug Prevention Program, is repealed July 1, 2025.
- 874 (15) Section 26B-1-430, which creates the Coordinating Council for Persons with
- Disabilities, is repealed July 1, 2027.
- 876 (16) Section 26B-1-431, which creates the Forensic Mental Health Coordinating
- 877 Council, is repealed July 1, 2023.
- 878 (17) Section 26B-1-432, which creates the Newborn Hearing Screening Committee, is
- 879 repealed July 1, 2026.
- 880 (18) Section 26B-1-434, regarding the Correctional Postnatal and Early Childhood
- Advisory Board, is repealed July 1, 2026.
- 882 (19) Section 26B-2-407, related to drinking water quality in child care centers, is
- 883 repealed July 1, 2027.
- 884 (20) Subsection 26B-3-107(9), which addresses reimbursement for dental hygienists, is
- 885 repealed July 1, 2028.
- 886 (21) Section 26B-3-136, which creates the Children's Health Care Coverage Program,
- 887 is repealed July 1, 2025.
- 888 (22) Section 26B-3-137, related to reimbursement for the National Diabetes Prevention
- 889 Program, is repealed June 30, 2027.
- 890 (23) Subsection 26B-3-213(2), the language that states "and the Behavioral Health
- 891 Crisis Response Commission created in Section 63C-18-202" is repealed December 31, 2026.
- 892 (24) Sections 26B-3-302 through 26B-3-309, regarding the Drug Utilization Review
- Board, are repealed July 1, 2027.

- 894 (25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1, 895 2024. 896 (26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is 897 repealed July 1, 2024. 898 (27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1, 899 2028. 900 (28) Section 26B-3-910, regarding alternative eligibility, is repealed July 1, 2028. 901 (29) Section 26B-4-710, related to rural residency training programs, is repealed July 1. 902 2025. 903 (30) Subsections 26B-5-112(1) and (5), the language that states "In consultation with 904 the Behavioral Health Crisis Response Commission, established in Section 63C-18-202," is 905 repealed December 31, 2026. 906 (31) Section 26B-5-112.5 is repealed December 31, 2026. 907 (32) Section 26B-5-114, related to the Behavioral Health Receiving Center Grant 908 Program, is repealed December 31, 2026. 909 (33) Section 26B-5-118, related to collaborative care grant programs, is repealed 910 December 31, 2024. 911 (34) Section 26B-5-120 is repealed December 31, 2026. 912 (35) In relation to the Utah Assertive Community Treatment Act, on July 1, 2024: 913 (a) Subsection 26B-5-606(2)(a)(i), the language that states "and" is repealed; and 914 (b) Subsections 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c) are 915 repealed. 916 (36) In relation to the Behavioral Health Crisis Response Commission, on December
- 917 31, 2026:
- 918 (a) Subsection 26B-5-609(1)(a) is repealed:
- 919 (b) Subsection 26B-5-609(3)(a), the language that states "With recommendations from 920 the commission," is repealed;
- 921 (c) Subsection 26B-5-610(1)(b) is repealed;
- 922 (d) Subsection 26B-5-610(2)(b), the language that states "and in consultation with the 923 commission," is repealed; and
- 924 (e) Subsection 26B-5-610(4), the language that states "In consultation with the

925 commission," is repealed. 926 (37) Subsections 26B-5-611(1)(a) and (10), in relation to the Utah Substance Use and 927 Mental Health Advisory Council, are repealed January 1, 2033. 928 (38) Section 26B-5-612, related to integrated behavioral health care grant programs, is 929 repealed December 31, 2025. 930 (39) Subsection 26B-7-119(5), related to reports to the Legislature on the outcomes of 931 the Hepatitis C Outreach Pilot Program, is repealed July 1, 2028. 932 (40) Section 26B-7-224, related to reports to the Legislature on violent incidents and 933 fatalities involving substance abuse, is repealed December 31, 2027. 934 (41) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 935 [2024] 2026. 936 (42) Section 26B-8-513, related to identifying overuse of non-evidence-based health 937 care, is repealed December 31, 2023. 938 Section 16. Effective date. 939 (1) Except as provided in Subsection (2), this bill takes effect on May 1, 2024. 940 (2) The actions affecting Section 63I-1-226 (Effective 07/01/24) and Section

53-2d-203 (Effective 07/01/24) take effect on July 1, 2024.