

Representative Raymond P. Ward proposes the following substitute bill:

MEDICAID PROGRAM AND HOSPITAL ASSESSMENT

AMENDMENTS

2024 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Raymond P. Ward

Senate Sponsor: _____

LONG TITLE

General Description:

This bill amends provisions related to the Medicaid program.

Highlighted Provisions:

This bill:

- ▶ approves the use of money from the Medicaid Expansion Fund to pay the costs of Medicaid coverage for certain pregnant and postpartum women;
- ▶ repeals the cost-saving protocol in the event that projected costs of Medicaid expansion exceed projected available funds;
- ▶ establishes a new cost-saving protocol in the event that the balance in the Medicaid Expansion Fund is projected to fall to \$0;
- ▶ requires the Department of Health and Human Services to seek approval from the Centers for Medicare and Medicaid Services to increase the household income limit for Medicaid coverage of pregnant and postpartum women to 185% of the federal poverty guidelines;
- ▶ requires the Department of Health and Human Services to seek approval from the Centers for Medicare and Medicaid Services to extend Medicaid coverage to pregnant and postpartum women who hold a permanent resident card;



- 26 ▶ specifies how certain amounts of the inpatient hospital assessment may be used;
- 27 ▶ extends the Medicaid Expansion Fund repeal date;
- 28 ▶ extends the inpatient hospital assessment repeal date; and
- 29 ▶ extends the Medicaid expansion hospital assessment repeal date.

30 **Money Appropriated in this Bill:**

31 None

32 **Other Special Clauses:**

33 This bill provides a special effective date.

34 **Utah Code Sections Affected:**

35 AMENDS:

36 **26B-1-315**, as last amended by Laws of Utah 2023, Chapter 471 and renumbered and
37 amended by Laws of Utah 2023, Chapter 305

38 **26B-3-113**, as renumbered and amended by Laws of Utah 2023, Chapter 306

39 **26B-3-504**, as renumbered and amended by Laws of Utah 2023, Chapter 306

40 **63I-1-226 (Effective 07/01/24)**, as last amended by Laws of Utah 2023, Chapters 249,
41 269, 270, 275, 332, 335, 420, and 495 and repealed and reenacted by Laws of Utah
42 2023, Chapter 329

43 **63I-1-226 (Superseded 07/01/24)**, as last amended by Laws of Utah 2023, Chapters
44 249, 269, 270, 275, 310, 332, 335, 420, and 495 and repealed and reenacted by
45 Laws of Utah 2023, Chapter 329 and last amended by Coordination Clause, Laws of
46 Utah 2023, Chapters 329, 332

47 ENACTS:

48 **26B-3-229**, Utah Code Annotated 1953



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

51 Section 1. Section **26B-1-315** is amended to read:

52 **26B-1-315. Medicaid Expansion Fund.**

53 (1) There is created an expendable special revenue fund known as the "Medicaid
54 Expansion Fund."

55 (2) The fund consists of:

56 (a) assessments collected under Chapter 3, Part 5, Inpatient Hospital Assessment;

- 57 (b) intergovernmental transfers under Section 26B-3-508;
- 58 (c) savings attributable to the health coverage improvement program, as defined in
- 59 Section 26B-3-501, as determined by the department;
- 60 (d) savings attributable to the enhancement waiver program, as defined in Section
- 61 26B-3-501, as determined by the department;
- 62 (e) savings attributable to the Medicaid waiver expansion, as defined in Section
- 63 26B-3-501, as determined by the department;
- 64 (f) savings attributable to the inclusion of psychotropic drugs on the preferred drug list
- 65 under Subsection 26B-3-105(3) as determined by the department;
- 66 (g) revenues collected from the sales tax described in Subsection 59-12-103(11);
- 67 (h) gifts, grants, donations, or any other conveyance of money that may be made to the
- 68 fund from private sources;
- 69 (i) interest earned on money in the fund; and
- 70 (j) additional amounts as appropriated by the Legislature.
- 71 (3) (a) The fund shall earn interest.
- 72 (b) All interest earned on fund money shall be deposited into the fund.
- 73 (4) (a) A state agency administering the provisions of Chapter 3, Part 5, Inpatient
- 74 Hospital Assessment, may use money from the fund to pay the costs, not otherwise paid for
- 75 with federal funds or other revenue sources, of:
- 76 (i) the health coverage improvement program as defined in Section 26B-3-501;
- 77 (ii) the enhancement waiver program as defined in Section 26B-3-501;
- 78 (iii) a Medicaid waiver expansion as defined in Section 26B-3-501; and
- 79 (iv) the outpatient upper payment limit supplemental payments under Section
- 80 26B-3-511.
- 81 (b) A state agency administering the provisions of Chapter 3, Part 5, Inpatient Hospital
- 82 Assessment, may not use:
- 83 (i) funds described in Subsection (2)(b) to pay the cost of private outpatient upper
- 84 payment limit supplemental payments; or
- 85 (ii) money in the fund for any purpose not described in Subsection (4)(a).
- 86 Section 2. Section 26B-3-113 is amended to read:
- 87 **26B-3-113. Expanding the Medicaid program.**

88 (1) As used in this section:

89 (a) "Federal poverty level" means the same as that term is defined in Section
90 26B-3-207.

91 (b) "Medicaid expansion" means an expansion of the Medicaid program in accordance
92 with this section.

93 (c) "Medicaid Expansion Fund" means the Medicaid Expansion Fund created in
94 Section 26B-1-315.

95 (2) (a) As set forth in Subsections (2) through (5), eligibility criteria for the Medicaid
96 program shall be expanded to cover additional low-income individuals.

97 (b) The department shall continue to seek approval from CMS to implement the
98 Medicaid waiver expansion as defined in Section 26B-1-112.

99 (c) The department may implement any provision described in Subsections
100 26B-3-112(2)(b)(iii) through (viii) in a Medicaid expansion if the department receives approval
101 from CMS to implement that provision.

102 (3) The department shall expand the Medicaid program in accordance with this
103 Subsection (3) if the department:

104 (a) receives approval from CMS to:

105 (i) expand Medicaid coverage to eligible individuals whose income is below 95% of
106 the federal poverty level;

107 (ii) obtain maximum federal financial participation under 42 U.S.C. Sec. 1396d(b) for
108 enrolling an individual in the Medicaid expansion under this Subsection (3); and

109 (iii) permit the state to close enrollment in the Medicaid expansion under this
110 Subsection (3) if the department has insufficient funds to provide services to new enrollment
111 under the Medicaid expansion under this Subsection (3);

112 (b) pays the state portion of costs for the Medicaid expansion under this Subsection (3)
113 with funds from:

114 (i) the Medicaid Expansion Fund;

115 (ii) county contributions to the nonfederal share of Medicaid expenditures; or

116 (iii) any other contributions, funds, or transfers from a nonstate agency for Medicaid
117 expenditures; and

118 (c) closes the Medicaid program to new enrollment under the Medicaid expansion

119 under this Subsection (3) if the department projects that the cost of the Medicaid expansion
120 under this Subsection (3) will exceed the appropriations for the fiscal year that are authorized
121 by the Legislature through an appropriations act adopted in accordance with Title 63J, Chapter
122 1, Budgetary Procedures Act.

123 (4) (a) The department shall expand the Medicaid program in accordance with this
124 Subsection (4) if the department:

125 (i) receives approval from CMS to:

126 (A) expand Medicaid coverage to eligible individuals whose income is below 95% of
127 the federal poverty level;

128 (B) obtain maximum federal financial participation under 42 U.S.C. Sec. 1396d(y) for
129 enrolling an individual in the Medicaid expansion under this Subsection (4); and

130 (C) permit the state to close enrollment in the Medicaid expansion under this
131 Subsection (4) if the department has insufficient funds to provide services to new enrollment
132 under the Medicaid expansion under this Subsection (4);

133 (ii) pays the state portion of costs for the Medicaid expansion under this Subsection (4)
134 with funds from:

135 (A) the Medicaid Expansion Fund;

136 (B) county contributions to the nonfederal share of Medicaid expenditures; or

137 (C) any other contributions, funds, or transfers from a nonstate agency for Medicaid
138 expenditures; and

139 (iii) closes the Medicaid program to new enrollment under the Medicaid expansion
140 under this Subsection (4) if the department projects that the cost of the Medicaid expansion
141 under this Subsection (4) will exceed the appropriations for the fiscal year that are authorized
142 by the Legislature through an appropriations act adopted in accordance with Title 63J, Chapter
143 1, Budgetary Procedures Act.

144 (b) The department shall submit a waiver, an amendment to an existing waiver, or a
145 state plan amendment to CMS to:

146 (i) administer federal funds for the Medicaid expansion under this Subsection (4)
147 according to a per capita cap developed by the department that includes an annual inflationary
148 adjustment, accounts for differences in cost among categories of Medicaid expansion enrollees,
149 and provides greater flexibility to the state than the current Medicaid payment model;

150 (ii) limit, in certain circumstances as defined by the department, the ability of a
151 qualified entity to determine presumptive eligibility for Medicaid coverage for an individual
152 enrolled in a Medicaid expansion under this Subsection (4);

153 (iii) impose a lock-out period if an individual enrolled in a Medicaid expansion under
154 this Subsection (4) violates certain program requirements as defined by the department;

155 (iv) allow an individual enrolled in a Medicaid expansion under this Subsection (4) to
156 remain in the Medicaid program for up to a 12-month certification period as defined by the
157 department; and

158 (v) allow federal Medicaid funds to be used for housing support for eligible enrollees
159 in the Medicaid expansion under this Subsection (4).

160 (5) (a) (i) If CMS does not approve a waiver to expand the Medicaid program in
161 accordance with Subsection (4)(a) on or before January 1, 2020, the department shall develop
162 proposals to implement additional flexibilities and cost controls, including cost sharing tools,
163 within a Medicaid expansion under this Subsection (5) through a request to CMS for a waiver
164 or state plan amendment.

165 (ii) The request for a waiver or state plan amendment described in Subsection (5)(a)(i)
166 shall include:

167 (A) a path to self-sufficiency for qualified adults in the Medicaid expansion that
168 includes employment and training as defined in 7 U.S.C. Sec. 2015(d)(4); and

169 (B) a requirement that an individual who is offered a private health benefit plan by an
170 employer to enroll in the employer's health plan.

171 (iii) The department shall submit the request for a waiver or state plan amendment
172 developed under Subsection (5)(a)(i) on or before March 15, 2020.

173 (b) Notwithstanding Sections [26B-3-127](#) and [63J-5-204](#), and in accordance with this
174 Subsection (5), eligibility for the Medicaid program shall be expanded to include all persons in
175 the optional Medicaid expansion population under PPACA and the Health Care Education
176 Reconciliation Act of 2010, Pub. L. No. 111-152, and related federal regulations and guidance,
177 on the earlier of:

178 (i) the day on which CMS approves a waiver to implement the provisions described in
179 Subsections (5)(a)(ii)(A) and (B); or

180 (ii) July 1, 2020.

181 (c) The department shall seek a waiver, or an amendment to an existing waiver, from
182 federal law to:

183 (i) implement each provision described in Subsections 26B-3-210(2)(b)(iii) through
184 (viii) in a Medicaid expansion under this Subsection (5);

185 (ii) limit, in certain circumstances as defined by the department, the ability of a
186 qualified entity to determine presumptive eligibility for Medicaid coverage for an individual
187 enrolled in a Medicaid expansion under this Subsection (5); and

188 (iii) impose a lock-out period if an individual enrolled in a Medicaid expansion under
189 this Subsection (5) violates certain program requirements as defined by the department.

190 (d) The eligibility criteria in this Subsection (5) shall be construed to include all
191 individuals eligible for the health coverage improvement program under Section 26B-3-207.

192 (e) The department shall pay the state portion of costs for a Medicaid expansion under
193 this Subsection (5) entirely from:

194 (i) the Medicaid Expansion Fund;

195 (ii) county contributions to the nonfederal share of Medicaid expenditures; or

196 (iii) any other contributions, funds, or transfers from a nonstate agency for Medicaid
197 expenditures.

198 (f) If the costs of the Medicaid expansion under this Subsection (5) exceed the funds
199 available under Subsection (5)(e):

200 (i) the department may reduce or eliminate optional Medicaid services under this
201 chapter;

202 (ii) savings, as determined by the department, from the reduction or elimination of
203 optional Medicaid services under Subsection (5)(f)(i) shall be deposited into the Medicaid
204 Expansion Fund; and

205 (iii) the department may submit to CMS a request for waivers, or an amendment of
206 existing waivers, from federal law necessary to implement budget controls within the Medicaid
207 program to address the deficiency.

208 ~~[(g) If the costs of the Medicaid expansion under this Subsection (5) are projected by~~
209 ~~the department to exceed the funds available in the current fiscal year under Subsection (5)(e);~~
210 ~~including savings resulting from any action taken under Subsection (5)(f):]~~

211 ~~[(i) the governor shall direct the department and Department of Workforce Services to~~

212 ~~reduce commitments and expenditures by an amount sufficient to offset the deficiency:]~~

213 ~~[(A) proportionate to the share of total current fiscal year General Fund appropriations~~
214 ~~for each of those agencies; and]~~

215 ~~[(B) up to 10% of each agency's total current fiscal year General Fund appropriations;]~~

216 ~~[(ii) the Division of Finance shall reduce allotments to the department and Department~~
217 ~~of Workforce Services by a percentage:]~~

218 ~~[(A) proportionate to the amount of the deficiency; and]~~

219 ~~[(B) up to 10% of each agency's total current fiscal year General Fund appropriations;~~
220 ~~and]~~

221 ~~[(iii) the Division of Finance shall deposit the total amount from the reduced~~
222 ~~allotments described in Subsection (5)(g)(ii) into the Medicaid Expansion Fund.]~~

223 (g) (i) On or before March 30 of each year, the Office of the Legislative Fiscal Analyst
224 shall forecast the balance in the Medicaid Expansion Fund for the current and each of the
225 following two fiscal years.

226 (ii) If the forecast under Subsection (5)(g)(i) projects that the balance in the Medicaid
227 Expansion Fund will fall to \$0 at any point in time during the forecast period, the department
228 shall cease providing coverage under this section beginning July 1 of the year in which the
229 Office of the Legislative Fiscal Analyst prepares the forecast.

230 (6) The department shall maximize federal financial participation in implementing this
231 section, including by seeking to obtain any necessary federal approvals or waivers.

232 (7) Notwithstanding Sections 17-43-201 and 17-43-301, a county does not have to
233 provide matching funds to the state for the cost of providing Medicaid services to newly
234 enrolled individuals who qualify for Medicaid coverage under a Medicaid expansion.

235 (8) The department shall report to the Social Services Appropriations Subcommittee on
236 or before November 1 of each year that a Medicaid expansion is operational:

237 (a) the number of individuals who enrolled in the Medicaid expansion;

238 (b) costs to the state for the Medicaid expansion;

239 (c) estimated costs to the state for the Medicaid expansion for the current and
240 following fiscal years;

241 (d) recommendations to control costs of the Medicaid expansion; and

242 (e) as calculated in accordance with Subsections 26B-3-506(4) and 26B-3-606(2), the

243 state's net cost of the qualified Medicaid expansion.

244 Section 3. Section **26B-3-229** is enacted to read:

245 **26B-3-229. Medicaid waiver for pregnant women.**

246 (1) Before January 1, 2025, the department shall apply for one or more Medicaid
247 waivers or state plan amendments with CMS to provide Medicaid coverage to pregnant and
248 postpartum women who:

249 (a) have a household income less than or equal to 185% of the federal poverty level;
250 and

251 (b) hold a permanent resident card and are otherwise eligible for Medicaid coverage,
252 without a waiting period and regardless of qualified status.

253 (2) If CMS approves, in whole or in part, a waiver or state plan amendment described
254 in Subsection (1), the department shall implement the waiver or state plan amendment to the
255 extent of CMS's approval.

256 (3) The department shall pay the state portion of costs for the Medicaid waiver or state
257 plan amendment under this section using appropriations from the Medicaid Expansion Fund
258 created in Section [26B-1-315](#).

259 (4) Before October 1 of each year, the department shall report to the Health and Human
260 Services Interim Committee:

261 (a) the number of individuals receiving medical assistance under Subsection (2); and

262 (b) the cost of providing the medical assistance.

263 Section 4. Section **26B-3-504** is amended to read:

264 **26B-3-504. Collection of assessment -- Deposit of revenue -- Use of certain funds**
265 **-- Rulemaking.**

266 (1) The collecting agent for the assessment imposed under Section [26B-3-503](#) is the
267 department.

268 (2) The department is vested with the administration and enforcement of this part, and
269 may make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking
270 Act, necessary to:

271 (a) collect the assessment, intergovernmental transfers, and penalties imposed under
272 this part;

273 (b) audit records of a facility that:

- 274 (i) is subject to the assessment imposed by this part; and
275 (ii) does not file a Medicare cost report; and
276 (c) select a report similar to the Medicare cost report if Medicare no longer uses a
277 Medicare cost report.
- 278 (3) The department shall:
- 279 (a) administer the assessment in this part separately from the assessment in Part 7,
280 Hospital Provider Assessment; ~~and~~
- 281 (b) deposit assessments collected under this part into the Medicaid Expansion Fund
282 created by Section [26B-1-315](#)~~[-]~~;
- 283 (c) ensure money collected under Subsection [26B-3-506](#)(1)(c) is used, directly or
284 indirectly, to fund the following Medicaid services:
- 285 (i) services for pregnant and postpartum women in accordance with a Medicaid waiver
286 or state plan amendment under Section [26B-3-229](#);
- 287 (ii) mental health services;
- 288 (iii) housing supports; or
- 289 (iv) services for individuals involved in the criminal justice system; and
- 290 (d) ensure assessment money collected from the hospital share described in Subsection
291 [26B-3-506](#)(1)(d) is used for hospital outpatient medical services.
- 292 Section 5. Section **63I-1-226 (Effective 07/01/24)** is amended to read:
- 293 **63I-1-226 (Effective 07/01/24). Repeal dates: Titles 26A through 26B.**
- 294 (1) Subsection [26B-1-204](#)(2)(i), related to the Primary Care Grant Committee, is
295 repealed July 1, 2025.
- 296 (2) Section [26B-1-315](#), which creates the Medicaid Expansion Fund, is repealed July 1,
297 ~~2024~~ 2034.
- 298 (3) Section [26B-1-319](#), which creates the Neuro-Rehabilitation Fund, is repealed
299 January 1, 2025.
- 300 (4) Section [26B-1-320](#), which creates the Pediatric Neuro-Rehabilitation Fund, is
301 repealed January 1, 2025.
- 302 (5) Subsection [26B-1-324](#)(4), the language that states "the Behavioral Health Crisis
303 Response Commission, as defined in Section [63C-18-202](#)," is repealed December 31, 2026.
- 304 (6) Subsection [26B-1-329](#)(6), related to the Behavioral Health Crisis Response

305 Commission, is repealed December 31, 2026.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

342 (25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1,
343 [~~2024~~] 2034.

344 (26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is
345 repealed July 1, [~~2024~~] 2034.

346 (27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,
347 2028.

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

349 (29) Section 26B-4-710, related to rural residency training programs, is repealed July 1,
350 2025.

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

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

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

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

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

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

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

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

364 (36) In relation to the Behavioral Health Crisis Response Commission, on December
365 31, 2026:

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

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

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

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

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

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

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

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

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

382 (41) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 2024.

383 (42) Section 26B-8-513, related to identifying overuse of non-evidence-based health
384 care, is repealed December 31, 2023.

385 Section 6. Section 63I-1-226 (Superseded 07/01/24) is amended to read:

386 **63I-1-226 (Superseded 07/01/24). Repeal dates: Titles 26A through 26B.**

387 (1) Subsection 26B-1-204(2)(i), related to the Primary Care Grant Committee, is
388 repealed July 1, 2025.

389 (2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1,
390 [~~2024~~] 2034.

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

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

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

397 (6) Subsection 26B-1-329(6), related to the Behavioral Health Crisis Response

398 Commission, is repealed December 31, 2026.

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

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

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406 Advisory Council, is repealed July 1, 2025.

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408 repealed July 1, 2025.

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

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

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

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

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

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

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

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

425 (20) Subsection 26B-3-107(9), which addresses reimbursement for dental hygienists, is
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427 (21) Section 26B-3-136, which creates the Children's Health Care Coverage Program,
428 is repealed July 1, 2025.

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

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

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

435 (25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1,
436 [~~2024~~] 2034.

437 (26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is
438 repealed July 1, [~~2024~~] 2034.

439 (27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,
440 2028.

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

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

444 (30) Section 26B-4-710, related to rural residency training programs, is repealed July 1,
445 2025.

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

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

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

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

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

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

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

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

459 (37) In relation to the Behavioral Health Crisis Response Commission, on December

460 31, 2026:

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

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

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

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

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

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

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

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

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

477 (42) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 2024.

478 (43) Section 26B-8-513, related to identifying overuse of non-evidence-based health
479 care, is repealed December 31, 2023.

480 Section 7. **Effective date.**

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

482 (2) The actions affecting Section 63I-1-226 (Effective 07/01/24) take effect on July 1,
483 2024.