

HB0193S01 compared with HB0193

~~deleted text~~ shows text that was in HB0193 but was deleted in HB0193S01.

inserted text shows text that was not in HB0193 but was inserted into HB0193S01.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

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;

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

Money Appropriated in this Bill:

None

Other Special Clauses:

This bill provides a special effective date.

Utah Code Sections Affected:

AMENDS:

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

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

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

63I-1-226 (~~Superseded~~Effective 07/01/24), as last amended by Laws of Utah 2023, Chapters 249, 269, 270, 275, 332, 335, 420, and 495 and repealed and reenacted by Laws of Utah 2023, Chapter 329

63I-1-226 (~~Effective~~Superseded 07/01/24), as last amended by Laws of Utah 2023, Chapters 249, 269, 270, 275, 310, 332, 335, 420, and 495 and repealed and reenacted by Laws of Utah 2023, Chapter 329 and last amended by Coordination Clause, Laws of Utah 2023, Chapters 329, 332

ENACTS:

26B-3-229, Utah Code Annotated 1953

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

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

26B-1-315. Medicaid Expansion Fund.

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

(2) The fund consists of:

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

(b) intergovernmental transfers under Section 26B-3-508;

(c) savings attributable to the health coverage improvement program, as defined in Section 26B-3-501, as determined by the department;

(d) savings attributable to the enhancement waiver program, as defined in Section 26B-3-501, as determined by the department;

(e) savings attributable to the Medicaid waiver expansion, as defined in Section 26B-3-501, as determined by the department;

(f) savings attributable to the inclusion of psychotropic drugs on the preferred drug list under Subsection 26B-3-105(3) as determined by the department;

(g) revenues collected from the sales tax described in Subsection 59-12-103(11);

(h) gifts, grants, donations, or any other conveyance of money that may be made to the fund from private sources;

(i) interest earned on money in the fund; and

(j) additional amounts as appropriated by the Legislature.

(3) (a) The fund shall earn interest.

(b) All interest earned on fund money shall be deposited into the fund.

(4) (a) A state agency administering the provisions of Chapter 3, Part 5, Inpatient Hospital Assessment, may use money from the fund to pay the costs, not otherwise paid for with federal funds or other revenue sources, of:

(i) the health coverage improvement program as defined in Section 26B-3-501;

(ii) the enhancement waiver program as defined in Section 26B-3-501;

(iii) a Medicaid waiver expansion as defined in Section 26B-3-501; ~~and~~

(iv) the outpatient upper payment limit supplemental payments under Section 26B-3-511 ~~and~~.

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~~{ (v) a Medicaid waiver or state plan amendment under Section 26B-3-229.~~

‡ (b) A state agency administering the provisions of Chapter 3, Part 5, Inpatient Hospital Assessment, may not use:

(i) funds described in Subsection (2)(b) to pay the cost of private outpatient upper payment limit supplemental payments; or

(ii) money in the fund for any purpose not described in Subsection (4)(a).

Section 2. Section **26B-3-113** is amended to read:

26B-3-113. Expanding the Medicaid program.

(1) As used in this section:

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

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

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

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

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

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

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

(a) receives approval from CMS to:

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

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

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

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under the Medicaid expansion under this Subsection (3);

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

- (i) the Medicaid Expansion Fund;
- (ii) county contributions to the nonfederal share of Medicaid expenditures; or
- (iii) any other contributions, funds, or transfers from a nonstate agency for Medicaid expenditures; and

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

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

- (i) receives approval from CMS to:
 - (A) expand Medicaid coverage to eligible individuals whose income is below 95% of the federal poverty level;

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

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

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

- (A) the Medicaid Expansion Fund;
- (B) county contributions to the nonfederal share of Medicaid expenditures; or
- (C) any other contributions, funds, or transfers from a nonstate agency for Medicaid expenditures; and

(iii) closes the Medicaid program to new enrollment under the Medicaid expansion under this Subsection (4) if the department projects that the cost of the Medicaid expansion under this Subsection (4) will exceed the appropriations for the fiscal year that are authorized

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by the Legislature through an appropriations act adopted in accordance with Title 63J, Chapter 1, Budgetary Procedures Act.

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) July 1, 2020.

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

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

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

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

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

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

(i) the Medicaid Expansion Fund;

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

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

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

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

(ii) savings, as determined by the department, from the reduction or elimination of optional Medicaid services under Subsection (5)(f)(i) shall be deposited into the Medicaid

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Expansion Fund; and

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

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

~~[(i) the governor shall direct the department and Department of Workforce Services to reduce commitments and expenditures by an amount sufficient to offset the deficiency:]~~

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

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

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

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

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

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

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

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

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

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

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

- (a) the number of individuals who enrolled in the Medicaid expansion;
- (b) costs to the state for the Medicaid expansion;
- (c) estimated costs to the state for the Medicaid expansion for the current and

following fiscal years;

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

(e) as calculated in accordance with Subsections 26B-3-506(4) and 26B-3-606(2), the state's net cost of the qualified Medicaid expansion.

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

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

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

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

and

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

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

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

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

- (a) the number of individuals receiving medical assistance under Subsection (2); and
- (b) the cost of providing the medical assistance.

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

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

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

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

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

(b) audit records of a facility that:

(i) is subject to the assessment imposed by this part; and

(ii) does not file a Medicare cost report; and

(c) select a report similar to the Medicare cost report if Medicare no longer uses a Medicare cost report.

(3) The department shall:

(a) administer the assessment in this part separately from the assessment in Part 7, Hospital Provider Assessment; ~~and~~

(b) deposit assessments collected under this part into the Medicaid Expansion Fund created by Section 26B-1-315~~[-]~~;

(c) ensure money collected under Subsection 26B-3-506(1)(c) is used, directly or indirectly, to fund the following Medicaid services:

(i) ~~{subject to Subsection 26B-3-229(5), }~~ services for pregnant and postpartum women in accordance with a Medicaid waiver or state plan amendment under Section 26B-3-229;

(ii) mental health services;

(iii) housing supports; or

(iv) services for individuals involved in the criminal justice system; and

(d) ensure assessment money collected from the hospital share described in Subsection 26B-3-506(1)(d) is used for hospital outpatient medical services.

Section 5. Section ~~63I-1-226~~ (~~{Superseded}~~ **Effective 07/01/24**) is amended to read:

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

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

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

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[2024] 2034.

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

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

(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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(30) 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(1) Subsection 26B-1-204(2)(i), related to the Primary Care Grant Committee, is~~

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~~repealed July 1, 2025.~~

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

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

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

~~—— (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.~~

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

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

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

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

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

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

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

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

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

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

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

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- ~~—— (17) Section 26B-1-432, which creates the Newborn Hearing Screening Committee, is repealed July 1, 2026.~~
- ~~—— (18) Section 26B-1-434, regarding the Correctional Postnatal and Early Childhood Advisory Board, is repealed July 1, 2026.~~
- ~~—— (19) Section 26B-2-407, related to drinking water quality in child care centers, is repealed July 1, 2027.~~
- ~~—— (20) Subsection 26B-3-107(9), which addresses reimbursement for dental hygienists, is repealed July 1, 2028.~~
- ~~—— (21) Section 26B-3-136, which creates the Children's Health Care Coverage Program, is repealed July 1, 2025.~~
- ~~—— (22) Section 26B-3-137, related to reimbursement for the National Diabetes Prevention Program, is repealed June 30, 2027.~~
- ~~—— (23) Subsection 26B-3-213(2), the language that states "and the Behavioral Health Crisis Response Commission created in Section 63C-18-202" is repealed December 31, 2026.~~
- ~~—— (24) Sections 26B-3-302 through 26B-3-309, regarding the Drug Utilization Review Board, are repealed July 1, 2027.~~
- ~~—— (25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed [July 1, 2024] July 1, 2034.~~
- ~~—— (26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is repealed July 1, [2024] 2034.~~
- ~~—— (27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1, 2028.~~
- ~~—— (28) Section 26B-3-910, regarding alternative eligibility, is repealed July 1, 2028.~~
- ~~—— (29) Section 26B-4-710, related to rural residency training programs, is repealed July 1, 2025.~~
- ~~—— (30) 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.~~
- ~~—— (31) Section 26B-5-112.5 is repealed December 31, 2026.~~
- ~~—— (32) Section 26B-5-114, related to the Behavioral Health Receiving Center Grant Program, is repealed December 31, 2026.~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~—— Section }7. **Effective date.**~~

~~{This}~~(1) Except as provided in Subsection (2), this bill takes effect on May 1, 2024.

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

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2024.