

Representative Brady Brammer proposes the following substitute bill:

MEDICAID FUNDING AMENDMENTS

2024 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Brady Brammer

Senate Sponsor: _____

LONG TITLE

General Description:

This bill amends provisions related to the Medicaid program and Medicaid expansion.

Highlighted Provisions:

This bill:

- ▶ defines "Medicaid shortfall";
- ▶ establishes conditions under which a Medicaid shortfall occurs;
- ▶ requires appropriations for expenditures to pay for the state's cost of the Medicaid

program, and of Medicaid expansion, be appropriated from the Medicaid Restricted Account and the Medicaid Expansion Fund, respectively; and

- ▶ establishes a protocol of cost control measures to implement relative to the Medicaid program and Medicaid expansion, respectively, in the event of a Medicaid shortfall.

Money Appropriated in this Bill:

None

Other Special Clauses:

This bill provides a special effective date.

Utah Code Sections Affected:

AMENDS:



26 [26B-1-309](#), as renumbered and amended by Laws of Utah 2023, Chapter 305
 27 [26B-3-113](#), as renumbered and amended by Laws of Utah 2023, Chapter 306
 28 [63I-1-226 \(Superseded 07/01/24\)](#), as last amended by Laws of Utah 2023, Chapters
 29 249, 269, 270, 275, 332, 335, 420, and 495 and repealed and reenacted by Laws of
 30 Utah 2023, Chapter 329
 31 [63I-1-226 \(Effective 07/01/24\)](#), as last amended by Laws of Utah 2023, Chapters 249,
 32 269, 270, 275, 310, 332, 335, 420, and 495 and repealed and reenacted by Laws of
 33 Utah 2023, Chapter 329 and last amended by Coordination Clause, Laws of Utah
 34 2023, Chapters 329, 332

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

37 Section 1. Section **26B-1-309** is amended to read:

38 **26B-1-309. Medicaid Restricted Account.**

39 (1) As used in this section:

40 (a) "Medicaid expansion" means the same as that term is defined in Section [26B-3-113](#).

41 (b) "Medicaid program" means the same as that term is defined in Section [26B-3-101](#).

42 (c) "Medicaid shortfall" means a condition in which the ongoing financial stability of
 43 the Medicaid program or Medicaid expansion is uncertain, as evidenced by:

44 (i) (A) the state's cumulative federal medical assistance percentage decreasing by more
 45 than two percentage points within a one-year period, or by four percentage points or more
 46 within a three-year period;

47 (B) the Executive Appropriations Committee finding that their most recently adopted
 48 revenue estimates are insufficient to pay the ongoing appropriations for the Medicaid program
 49 and Medicaid expansion for any fiscal year;

50 (C) the Office of the Legislative Fiscal Analyst projecting that state expenditures for
 51 services offered under the Medicaid program or Medicaid expansion exceed the funds that have
 52 been appropriated to fund those services; or

53 (D) an operating deficit, as defined in Section [63J-1-211](#); and

54 (ii) if the condition is not removed within 45 days after the day on which the condition
 55 occurred by:

56 (A) for a condition evidenced under Subsection (1)(c)(i)(A), the Executive

57 Appropriations Committee determining that the decrease in the state's federal medical
 58 assistance percentage was due to the expiration or termination of a planned temporary increase
 59 to the federal medical assistance percentage;

60 (B) for a condition evidenced under Subsection (1)(c)(i)(B), the Executive
 61 Appropriations Committee adopting revised revenue estimates that are sufficient to pay the
 62 ongoing appropriations to the Medicaid program, or to Medicaid expansion, for any fiscal year;
 63 and

64 (C) for a condition evidenced under Subsection (1)(c)(i)(C) or (D), the Legislature
 65 appropriating sufficient funds to pay the services and benefits offered under the Medicaid
 66 program; and

67 (d) "Operating deficit" means the same as that term is defined in Section [63J-1-211](#).

68 (2) There is created a restricted account in the General Fund known as the "Medicaid
 69 Restricted Account."

70 ~~[(2)]~~ (3) (a) Except as provided in Subsection ~~[(3)]~~ (4), the following shall be deposited
 71 into the Medicaid Restricted Account:

72 (i) any general funds appropriated to the department for the state plan for medical
 73 assistance or for the Division of Health Care Financing that are not expended by the
 74 department in the fiscal year for which the general funds were appropriated and which are not
 75 otherwise designated as nonlapsing shall lapse into the Medicaid Restricted Account;

76 (ii) any unused state funds that are associated with the Medicaid program, as defined in
 77 Section [26B-3-101](#), from the Department of Workforce Services; and

78 (iii) any penalties imposed and collected under:

79 (A) Section [17B-2a-818.5](#);

80 (B) Section [19-1-206](#);

81 (C) Section [63A-5b-607](#);

82 (D) Section [63C-9-403](#);

83 (E) Section [72-6-107.5](#); or

84 (F) Section [79-2-404](#).

85 (b) The account shall earn interest and all interest earned shall be deposited into the
 86 account.

87 ~~[(c) The Legislature may appropriate money in the restricted account to fund programs~~

88 ~~that expand medical assistance coverage and private health insurance plans to low income~~
89 ~~persons who have not traditionally been served by Medicaid, including the Utah Children's~~
90 ~~Health Insurance Program created in Section [26B-3-902](#).]~~

91 (c) Beginning July 1, 2024, the Legislature may appropriate money to pay the state's
92 portion of costs and services related to:

93 (i) the Medicaid program only from the Medicaid Restricted Account; and

94 (ii) Medicaid expansion only from the Medicaid Expansion Fund created under Section
95 [26B-1-315](#).

96 ~~[(3)]~~ (4) (a) For fiscal years 2008-09, 2009-10, 2010-11, 2011-12, and 2012-13 the
97 following funds are nonlapsing:

98 (i) any general funds appropriated to the department for the state plan for medical
99 assistance, or for the Division of Health Care Financing that are not expended by the
100 department in the fiscal year in which the general funds were appropriated; and

101 (ii) funds described in Subsection ~~[(2)(a)(ii)]~~ (3)(a)(i).

102 (b) For fiscal years 2019-20, 2020-21, 2021-22, and 2022-23, the funds described in
103 Subsections ~~[(2)(a)(ii)]~~ (3)(a)(ii) and ~~[(3)(a)(i)]~~ (4)(a)(i) are nonlapsing.

104 (5) (a) Subject to Subsection (5)(b), in the event of a Medicaid shortfall, within 150
105 days, each state division or agency expending state funds for the Medicaid program shall
106 implement the following cost control measures relative to Medicaid program costs that are not
107 subject to the cost control measures applicable to Medicaid expansion under Subsection
108 [26B-3-113](#):

109 (i) suspend hiring of noncritical employees;

110 (ii) suspend increasing employee wages, excluding employee benefits offered to
111 employees state-wide;

112 (iii) suspend increasing provider payment rates that would be paid for using general
113 funds or income tax funds;

114 (iv) suspend expanding reimbursement benefits, including drug reimbursements that
115 are paid for using general funds or income tax funds;

116 (v) cancel coverage for any optional services or populations covered under the
117 Medicaid program, including Medicaid expansion, that are paid for using general funds or
118 income tax funds;

119 (vi) cancel or reverse all provider payment rate increases approved or implemented
120 during the one-year period immediately preceding the day on which the shortfall occurs, if the
121 rate increase is paid for using general funds or income tax funds; and

122 (vii) close enrollment to new members.

123 (b) The departments and agencies shall implement the cost control measures under
124 Subsection (5)(a):

125 (i) one measure at a time and in the order listed under Subsection (5)(a), unless an
126 exception is approved by the Executive Appropriations Committee;

127 (ii) in consultation with the executive director of the Department of Health and Human
128 Services and the executive director of the Office of the Legislative Fiscal Analyst;

129 (iii) only to the extent necessary to eliminate the Medicaid shortfall; and

130 (iv) subject to and only to the extent allowed under all federal laws and regulations
131 governing the Medicaid program.

132 (c) In the event of a Medicaid shortfall, the department shall prioritize state financial
133 savings in implementing this Subsection (5).

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

135 **26B-3-113. Expanding the Medicaid program.**

136 (1) As used in this section:

137 (a) "Federal poverty level" means the same as that term is defined in Section
138 [26B-3-207](#).

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

141 (c) "Medicaid Expansion Fund" means the Medicaid Expansion Fund created in
142 Section [26B-1-315](#).

143 (d) "Medicaid shortfall" means the same as that term is defined in Section [26B-1-309](#).

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

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

148 (c) The department may implement any provision described in Subsections
149 [26B-3-112\(2\)\(b\)\(iii\)](#) through (viii) in a Medicaid expansion if the department receives approval

150 from CMS to implement that provision.

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

153 (a) receives approval from CMS to:

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

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

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

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

163 (i) the Medicaid Expansion Fund;

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

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

167 (c) closes the Medicaid program to new enrollment under the Medicaid expansion
168 under this Subsection (3) if the department projects that the cost of the Medicaid expansion
169 under this Subsection (3) will exceed the appropriations for the fiscal year that are authorized
170 by the Legislature through an appropriations act adopted in accordance with Title 63J, Chapter
171 1, Budgetary Procedures Act.

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

174 (i) receives approval from CMS to:

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

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

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

181 under the Medicaid expansion under this Subsection (4);

182 (ii) pays the state portion of costs for the Medicaid expansion under this Subsection (4)

183 with funds from:

184 (A) the Medicaid Expansion Fund;

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

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

188 (iii) closes the Medicaid program to new enrollment under the Medicaid expansion
189 under this Subsection (4) if the department projects that the cost of the Medicaid expansion
190 under this Subsection (4) will exceed the appropriations for the fiscal year that are authorized
191 by the Legislature through an appropriations act adopted in accordance with Title 63J, Chapter
192 1, Budgetary Procedures Act.

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

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

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

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

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

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

209 (5) (a) (i) If CMS does not approve a waiver to expand the Medicaid program in
210 accordance with Subsection (4)(a) on or before January 1, 2020, the department shall develop
211 proposals to implement additional flexibilities and cost controls, including cost sharing tools,

212 within a Medicaid expansion under this Subsection (5) through a request to CMS for a waiver
213 or state plan amendment.

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

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

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

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

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

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

229 (ii) July 1, 2020.

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

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

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

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

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

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

243 (i) the Medicaid Expansion Fund;
244 (ii) county contributions to the nonfederal share of Medicaid expenditures; or
245 (iii) any other contributions, funds, or transfers from a nonstate agency for [Medicaid]
246 expenditures for Medicaid expansion.

247 (f) If the costs of the Medicaid expansion under this Subsection (5) exceed the funds
248 available under Subsection (5)(e)[~~:(i) the department may reduce or eliminate optional~~
249 ~~Medicaid services under this chapter; (ii) savings, as determined by the department, from the~~
250 ~~reduction or elimination of optional Medicaid services under Subsection (5)(f)(i) shall be~~
251 ~~deposited into the Medicaid Expansion Fund; and (iii)], the department may submit to CMS a
252 request for waivers, or an amendment of existing waivers, from federal law necessary to
253 implement budget controls within the Medicaid program to address the deficiency.~~

254 (g) Subject to Subsection (5)(h), in the event of a Medicaid shortfall, within 150 days,
255 each state division or agency expending state funds for Medicaid expansion shall implement
256 the following cost control measures on Medicaid expansion spending:

257 (i) suspend hiring of noncritical employees;

258 (ii) suspend increasing employee wages, excluding employee benefits offered to
259 employees state-wide;

260 (iii) suspend increasing provider payment rates;

261 (iv) suspend expanding reimbursement benefits, including drug reimbursement;

262 (v) suspend each application to CMS for Medicaid expansion that CMS has not
263 approved as of the date on which the Medicaid shortfall first occurs;

264 (vi) cancel the implementation of coverage for services under Medicaid expansion for
265 any services that CMS has approved for coverage but that have not yet been covered under the
266 Medicaid program;

267 (vii) cancel the implementation of coverage for services under Medicaid expansion for
268 any populations that CMS has approved for coverage but that have not yet been covered under
269 the Medicaid program;

270 (viii) revert all provider rate increases implemented within the preceding one-year
271 period;

272 (ix) reverse all staff compensation increases implemented within the preceding
273 one-year period, excluding increases to benefits offered to employees state-wide;

274 (x) close enrollment to new members;
 275 (xi) eliminate coverage under Medicaid expansion for each service and population for
 276 which coverage was extended within the preceding one-year period; and
 277 (xii) eliminate coverage under Medicaid expansion for each service and population for
 278 which coverage was extended prior to the preceding one-year period, in reverse chronological
 279 order by date that coverage was first extended.

280 (h) The departments and agencies shall implement the cost control measures under
 281 Subsection (5)(g):

282 (i) one measure at a time, in the order listed under Subsection (5)(g), unless an
 283 exception to the order is approved by the Executive Appropriations Committee;
 284 (ii) in consultation with the executive director of the Department of Health and Human
 285 Services and the executive director of the Office of the Legislative Fiscal Analyst;
 286 (iii) only to the extent necessary to eliminate the Medicaid shortfall; and
 287 (iv) subject to federal laws and regulations governing the Medicaid program.

288 ~~[(g)]~~ (i) If, after the department has acted in accordance with Subsections (5)(f) and (g),
 289 the costs of the Medicaid expansion under this Subsection (5) are projected by the department
 290 to exceed the funds available in the current fiscal year under Subsection (5)(e), including
 291 savings resulting from any action taken under Subsection (5)(f):

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

294 (A) proportionate to the share of total current fiscal year General Fund appropriations
 295 for each of those agencies; and
 296 (B) up to 10% of each agency's total current fiscal year General Fund appropriations;

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

299 (A) proportionate to the amount of the deficiency; and
 300 (B) up to 10% of each agency's total current fiscal year General Fund appropriations;

301 and

302 (iii) the Division of Finance shall deposit the total amount from the reduced allotments
 303 described in Subsection ~~[(5)(g)(ii)]~~ (6)(i)(iii) into the Medicaid Expansion Fund.

304 (6) (a) ~~[The]~~ Except as provided in Subsection (6)(b), the department shall maximize

305 federal financial participation in implementing this section, including by seeking to obtain any
306 necessary federal approvals or waivers.

307 (b) In the event of a Medicaid shortfall, the department shall maximize state financial
308 savings in implementing Subsection (5)(g).

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

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

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

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

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

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

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

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

322 **63I-1-226 (Superseded 07/01/24). Repeal dates: Titles 26A through 26B.**

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

325 (2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1,
326 [~~2024~~] 2034.

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

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

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

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

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

336 repealed July 1, 2026.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

371 (25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1,
372 2024.

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

375 (27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,
376 2028.

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

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

380 (30) Section 26B-4-710, related to rural residency training programs, is repealed July 1,
381 2025.

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

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

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

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

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

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

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

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

395 (37) In relation to the Behavioral Health Crisis Response Commission, on December
396 31, 2026:

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

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

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

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

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

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

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

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

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

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

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

416 Section 4. Section 63I-1-226 (Effective 07/01/24) is amended to read:

417 **63I-1-226 (Effective 07/01/24). Repeal dates: Titles 26A through 26B.**

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

420 (2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1,
421 [~~2024~~] 2034.

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

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

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

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

429 Commission, is repealed December 31, 2026.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

466 (25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1,
467 2024.

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

470 (27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,
471 2028.

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

473 (29) Section 26B-4-710, related to rural residency training programs, is repealed July 1,
474 2025.

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

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

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

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

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

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

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

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

488 (36) In relation to the Behavioral Health Crisis Response Commission, on December
489 31, 2026:

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

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

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

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

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

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

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

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

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

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

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

509 Section 5. **Effective date.**

510 This bill takes effect on January 1, 2025.