

HB0463S02 compared with HB0463

~~text~~ shows text that was in HB0463 but was deleted in HB0463S02.

text shows text that was not in HB0463 but was inserted into HB0463S02.

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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 ~~terms, including~~ "Medicaid shortfall";
- ▶ establishes conditions under which a Medicaid shortfall occurs;
- ▶ requires ~~all~~ appropriations ~~of state funds for~~ for expenditures to pay for the state's cost of the Medicaid program ~~to~~, 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 ~~related~~ to implement relative to the Medicaid program and ~~to~~ Medicaid expansion, respectively, in the event of a

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Medicaid shortfall.

Money Appropriated in this Bill:

None

Other Special Clauses:

~~{ None }~~ This bill provides a special effective date.

Utah Code Sections Affected:

AMENDS:

26B-1-309, as renumbered and amended by Laws of Utah 2023, Chapter 305

~~{ **26B-3-101**, as last amended by Laws of Utah 2023, Chapter 306~~

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

63I-1-226 (Superseded 07/01/24), as last amended by Laws of Utah 2023, Chapters 249, 269, 270, 275, 332, 335, 420, and 495 and repealed and reenacted by Laws of Utah 2023, Chapter 329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 07/01/24), as last amended by Laws of Utah 2023, Chapters 249, 269, 270, 275, 310, 332, 335, 420, and 495 and repealed and reenacted by Laws of Utah 2023, Chapter 329 and last amended by Coordination Clause, Laws of Utah 2023, Chapters 329, 332

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

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

26B-1-309. Medicaid Restricted Account.

(1) As used in this section:

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

(b) ~~{(i)}~~ "Medicaid program" means the ~~{state program for medical assistance for persons who are eligible under the state plan adopted pursuant to Title XIX of the Social Security Act.~~

~~——(ii) "Medicaid program" does not include Medicaid expansion}~~ same as that term is defined in Section 26B-3-101.

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

(i) (A) the state's cumulative federal medical assistance percentage decreasing by more

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than ~~one~~two percentage ~~point~~points within a one-year period, or by ~~three~~four percentage points or more within a three-year period;

~~{~~ ~~——~~ ~~(B) the Office of the Legislative Fiscal Analyst projecting that state expenditures for services offered under the Medicaid program exceed the amount of funds appropriated to fund those services;~~

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

~~——~~ ~~(~~C~~)~~

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

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

(ii) if ~~{~~ the condition is described in Subsection (1)(b)(i)(B) or (C), ~~‡~~ the condition is not removed within 45 days after the ~~{date}~~day on which the condition ~~{first occurs, by:~~

~~——~~ ~~(A) the Legislature appropriating sufficient funds to fund the services and benefits offered under the Medicaid program; or~~

~~——~~ ~~(B) ~~‡~~ occurred by:~~

(A) for a condition evidenced under Subsection (1)(c)(i)(A), the Executive Appropriations Committee determining that the decrease in the state's federal medical assistance percentage was due to the expiration or termination of a planned temporary increase to the federal medical assistance percentage;

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

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

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

(2) There is created a restricted account in the General Fund known as the "Medicaid

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Restricted Account."

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

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

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

(iii) any penalties imposed and collected under:

(A) Section 17B-2a-818.5;

(B) Section 19-1-206;

(C) Section 63A-5b-607;

(D) Section 63C-9-403;

(E) Section 72-6-107.5; or

(F) Section 79-2-404.

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

~~[(c) The Legislature may appropriate money in the restricted account to fund programs that expand medical assistance coverage and private health insurance plans to low income persons who have not traditionally been served by Medicaid, including the Utah Children's Health Insurance Program created in Section 26B-3-902.]~~

(c) ~~{The}~~ Beginning July 1, 2024, the Legislature may appropriate money to ~~{the Medicaid Restricted Account only for expenditures related to the Medicaid program.}~~

~~— (d) Beginning July 1, 2024, all appropriations of state funds for~~ ~~pay the state's portion of costs and services related to:~~

(i) the Medicaid program ~~{shall be appropriated}~~ ~~only~~ from the Medicaid Restricted Account; and

(ii) Medicaid expansion only from the Medicaid Expansion Fund created under Section 26B-1-315.

~~[(3)]~~ (4) (a) For fiscal years 2008-09, 2009-10, 2010-11, 2011-12, and 2012-13 the

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following funds are nonlapsing:

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

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

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

(5) (a) Subject to Subsection (5)(b), in the event of a Medicaid shortfall, within 150 days after the day on which the shortfall first occurs, each state division or agency expending state funds for the Medicaid program shall implement the following cost control measures ~~on~~ relative to Medicaid program ~~spending~~ costs that are not subject to the cost control measures applicable to Medicaid expansion under Subsection 26B-3-113:

(i) suspend hiring of noncritical employees;

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

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

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

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

(vi) ~~revert~~ cancel or reverse all provider payment rate increases approved or implemented ~~within the preceding one-year to the prior year's rate~~ during the one-year period immediately preceding the day on which the shortfall occurs, if the rate increase is paid for using general funds or income tax funds; and

(vii) close enrollment to new members.

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

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

(ii) in consultation with the executive director of the Department of Health and Human

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Services and the executive director of the Office of the Legislative Fiscal Analyst;

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

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

(c) In the event of a Medicaid shortfall, the department shall ~~{maximize}~~ prioritize state financial savings in implementing this Subsection (5).

~~{~~ ~~Section 2. Section 26B-3-101 is amended to read:~~

~~26B-3-101. Definitions.~~

~~As used in this chapter:~~

~~(1) "Applicant" means any person who requests assistance under the medical programs of the state.~~

~~(2) "CMS" means the Centers for Medicare and Medicaid Services within the United States Department of Health and Human Services.~~

~~(3) "Division" means the Division of Integrated Healthcare within the department, established under Section 26B-3-102.~~

~~(4) "Enrollee" or "member" means an individual whom the department has determined to be eligible for assistance under the Medicaid program.~~

~~(5) "Medicaid program" [means the state program for medical assistance for persons who are eligible under the state plan adopted pursuant to Title XIX of the federal Social Security Act] means the same as that term is defined in Section 26B-1-309.~~

~~(6) "Medical assistance" means services furnished or payments made to or on behalf of a member.~~

~~(7) (a) "Passenger vehicle" means a self-propelled, two-axle vehicle intended primarily for operation on highways and used by an applicant or recipient to meet basic transportation needs and has a fair market value below 40% of the applicable amount of the federal luxury passenger automobile tax established in 26 U.S.C. Sec. 4001 and adjusted annually for inflation.~~

~~(b) "Passenger vehicle" does not include:~~

~~(i) a commercial vehicle, as defined in Section 41-1a-102;~~

~~(ii) an off-highway vehicle, as defined in Section 41-1a-102; or~~

~~(iii) a motor home, as defined in Section 13-14-102.~~

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~~(8) "PPACA" means the same as that term is defined in Section 31A-1-301.~~

~~(9) "Recipient" means a person who has received medical assistance under the Medicaid program.~~

‡ Section ~~(3)~~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.

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

(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 under the Medicaid expansion under this Subsection (3);

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

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

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(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.

(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

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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 for Medicaid expansion.

(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 Expansion Fund; and]~~

~~[(iii) the department may submit to CMS a request for waivers, or an amendment of~~

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existing waivers, from federal law necessary to implement budget controls within the Medicaid program to address the deficiency.

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

(i) suspend hiring of noncritical employees;

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

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

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

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

(vi) cancel ~~the implementation of~~ coverage for any optional services or populations covered under Medicaid expansion ~~for any services that CMS has approved for coverage but that have not yet been covered under the Medicaid program~~ that are paid for using general funds or income tax funds;

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

~~revert all provider~~ or reverse all provider payment rate increases approved or implemented ~~within~~ during the ~~preceding~~ one-year period ~~;~~;

~~reverse all staff compensation increases implemented within the preceding one-year period, excluding increases to benefits offered to employees state-wide~~;

~~immediately preceding the day on which the shortfall occurs, if the rate increase is paid for using general funds or income tax funds; and~~

(viii) close enrollment to new members ~~;~~;

~~eliminate coverage under Medicaid expansion for each service and population for which coverage was extended within the preceding one-year period; and~~

~~eliminate coverage under Medicaid expansion for each service and population for~~

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which coverage was extended prior to the preceding one-year period, in reverse chronological order by date that coverage was first extended.

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

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

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

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

(iv) subject to federal laws and regulations governing the Medicaid program and Medicaid expansion.

~~[(g)]~~ (i) If, after the department has acted in accordance with Subsections (5)(f) and (g), 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)]~~ (6)(i)(iii) into the Medicaid Expansion Fund.

(6) (a) ~~[The]~~ Except as provided in Subsection (6)(b), the department shall maximize federal financial participation in implementing this section, including by seeking to obtain any necessary federal approvals or waivers.

(b) In the event of a Medicaid shortfall, the department shall maximize state financial

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savings in implementing Subsection (5)(g).

(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.

(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 ~~4~~3. 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.

(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, [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.

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(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.

(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

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Board, are repealed July 1, 2027.

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

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

(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-4-136, related to the Volunteer Emergency Medical Service Personnel Health Insurance Program, is repealed July 1, 2027.

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

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

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

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

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

(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;

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(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.

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

(40) 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.

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

(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 4. 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 repealed July 1, 2025.

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

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(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.

(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

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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.

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

(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.

(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;

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(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 5. Effective date.

This bill takes effect on ~~May~~ January 1, ~~2024~~2025.