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HEALTH AND HUMAN SERVICES REPORTING REQUIREMENTS

2024 GENERAL SESSION STATE OF UTAH

Chief Sponsor: Michael S. Kennedy

	House Sponsor: Steve Eliason
•	LONG TITLE
	General Description:
	This bill modifies and repeals reporting provisions related to Department of Health and
	Human Services programs.
	Highlighted Provisions:
	This bill:
	 modifies and repeals reporting provisions related to Department of Health and Human
	Services programs;
	replaces a report for the Hepatitis C Outreach Pilot Program with a sunset date for the
	pilot program; and
	 makes technical changes
	Money Appropriated in this Bill:
	None
	Other Special Clauses:
	This bill provides a special effective date.
	Utah Code Sections Affected:
	AMENDS:
	26A-1-115 (Effective 05/01/24), as last amended by Laws of Utah 2023, Chapter 272
	26A-1-129 (Effective 05/01/24), as enacted by Laws of Utah 2020, Chapter 347
	26B-1-324 (Effective 05/01/24), as last amended by Laws of Utah 2023, Chapter 270 and
	renumbered and amended by Laws of Utah 2023, Chapter 305
	26B-1-326 (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
	Chapter 305
	26B-1-327 (Effective 05/01/24), as last amended by Laws of Utah 2023, Chapter 534 and
	renumbered and amended by Laws of Utah 2023, Chapter 305

26B-1-328 (Effective 05/01/24), as last amended by Laws of Utah 2023, Chapter 534 and

29	renumbered and	amended by	Laws of	Utah 2023.	Chapter 305

- 30 **26B-1-329** (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
- 31 Chapter 305
- 32 **26B-1-402** (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
- Chapter 305
- 34 **26B-1-422** (Effective 05/01/24), as last amended by Laws of Utah 2023, Chapter 269 and
- renumbered and amended by Laws of Utah 2023, Chapter 305 and last amended by
- Coordination Clause, Laws of Utah 2023, Chapter 305
- 37 **26B-1-424** (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
- 38 Chapter 305
- 39 **26B-3-210** (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
- 40 Chapter 306
- 41 **26B-3-218** (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
- 42 Chapter 306
- 43 **26B-4-702** (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023.
- 44 Chapter 307
- 45 **26B-4-703** (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
- 46 Chapter 307
- 47 **26B-4-711** (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
- 48 Chapter 307
- 49 **26B-5-102** (Effective 05/01/24), as last amended by Laws of Utah 2023, Chapter 177 and
- renumbered and amended by Laws of Utah 2023, Chapter 308
- 51 **26B-5-110** (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
- 52 Chapter 308
- 53 **26B-5-114 (Effective 05/01/24)**, as last amended by Laws of Utah 2023, Chapter 270 and
- renumbered and amended by Laws of Utah 2023, Chapter 308
- 55 **26B-5-116 (Effective 05/01/24)**, as renumbered and amended by Laws of Utah 2023,
- 56 Chapter 308
- 57 **26B-5-611** (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
- 58 Chapter 308
- 59 **26B-6-304** (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
- 60 Chapter 308
- 61 **26B-6-703** (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
- 62 Chapter 308

63	26B-7-117 (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
64	Chapter 308
65	26B-7-119 (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
66	Chapter 308
67	26B-8-504 (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
68	Chapter 306
69	63C-18-203 (Effective 05/01/24), as last amended by Laws of Utah 2023, Chapters 270, 329
70	63I-1-226 (Effective 05/01/24) (Superseded 07/01/24), as last amended by Laws of Utah
71	2023, Chapters 249, 269, 270, 275, 332, 335, 420, and 495 and repealed and reenacted by
72	Laws of Utah 2023, Chapter 329
73	63I-1-226 (Effective 07/01/24), as last amended by Laws of Utah 2023, Chapters 249, 269,
74	270, 275, 310, 332, 335, 420, and 495 and repealed and reenacted by Laws of Utah 2023,
75	Chapter 329 and last amended by Coordination Clause, Laws of Utah 2023, Chapters 329, 332
76	63I-1-276 (Effective 05/01/24), as last amended by Laws of Utah 2023, Chapter 398
77	63I-2-226 (Effective 05/01/24) (Superseded 07/01/24), as last amended by Laws of Utah
78	2023, Chapters 33, 139, 249, 295, and 465 and repealed and reenacted by Laws of Utah 2023,
79	Chapter 329
80	63I-2-226 (Effective 07/01/24), as last amended by Laws of Utah 2023, Chapters 33, 139,
81	249, 295, 310, and 465 and repealed and reenacted by Laws of Utah 2023, Chapter 329 and
82	last amended by Coordination Clause, Laws of Utah 2023, Chapter 329
83	78B-6-140 (Effective 05/01/24), as last amended by Laws of Utah 2023, Chapters 289, 466
84	80-2-1104 (Effective 05/01/24), as renumbered and amended by Laws of Utah 2022,
85	Chapter 334
86	REPEALS:
87	26B-2-503 (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
88	Chapter 305
89	26B-6-510 (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
90	Chapter 308
91	26B-7-224 (Effective 05/01/24), as last amended by Laws of Utah 2023, Chapter 111 and
92	renumbered and amended by Laws of Utah 2023, Chapter 308

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

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- 95 Section 1. Section **26A-1-115** is amended to read:
- 96 **26A-1-115** (Effective 05/01/24). Apportionment of costs -- Contracts to provide

97 services -- Percentage match of state funds -- Audit.

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- 98 (1) (a) The cost of establishing and maintaining a multicounty local health department 99 may be apportioned among the participating counties on the basis of population in 100 proportion to the total population of all counties within the boundaries of the local 101 health department, or upon other bases agreeable to the participating counties.
- 102 (b) Costs of establishing and maintaining a county health department shall be a charge of the county creating the local health department.
 - (c) Money available from fees, contracts, surpluses, grants, and donations may also be used to establish and maintain local health departments.
 - (d) As used in this Subsection (1), "population" means population estimates prepared by the Utah Population Committee.
- 108 (2) The cost of providing, equipping, and maintaining suitable offices and facilities for a local health department is the responsibility of participating governing bodies.
- 110 (3) Local health departments that comply with all department rules and secure advance 111 approval of proposed service boundaries from the department may by contract receive 112 funds under Section 26A-1-116 from the department to provide specified public health 113 services.
- (4) Contract funds distributed under Subsection (3) shall be in accordance with Section
 26A-1-116 and policies and procedures adopted by the department.
- 116 (5) Department rules shall require that contract funds be used for public health services and not replace other funds used for local public health services.
- (6) (a) (i) All state funds distributed by contract from the department to local health
 departments for public health services shall be matched by those local health
 departments at a percentage determined by the department in consultation with
 local health departments.
 - (ii) Counties shall have no legal obligation to match state funds at percentages in excess of those established by the department and shall suffer no penalty or reduction in state funding for failing to exceed the required funding match.
 - (b) By October 1 of each year, [the department, in consultation with each local health department] the local health departments, shall submit a collective written report to the Social Services Appropriations Subcommittee describing, for the preceding five fiscal years, each county's annual per capita contribution to a local health department that is used to meet the minimum performance standards described in Section 26A-1-106.

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131	(c) A county may submit an additional written report separate from the report described
132	in Subsection (6)(b) to the Social Services Appropriations Subcommittee outlining a
133	county's contribution to public and community health in the county through other
134	methods that are additional to the annual per capita contribution described in
135	Subsection (6)(b).
136	(7) (a) Each local health department shall cause an annual financial and compliance
137	audit to be made of its operations by a certified public accountant. The audit may be
138	conducted as part of an annual county government audit of the county where the local
139	health department headquarters are located.
140	(b) The local health department shall provide a copy of the audit report to the
141	department and the local governing bodies of counties participating in the local
142	health department.
143	Section 2. Section 26A-1-129 is amended to read:
144	26A-1-129 (Effective 05/01/24). Electronic Cigarette, Marijuana, and Other
145	Drug Prevention Grant Program Reporting.
146	(1) As used in this section, "grant program" means the Electronic Cigarette, Marijuana, and
147	Other Drug Prevention Grant Program created in this section.
148	(2) There is created the Electronic Cigarette, Marijuana, and Other Drug Prevention Grant
149	Program which shall be administered by local health departments in accordance with
150	this section.
151	(3) (a) A local health department shall administer the grant program with funds allocated
152	to the grant program under Subsection 59-14-807(4)(d), to award grants to:
153	(i) a coalition of community organizations that is focused on substance abuse
154	prevention;
155	(ii) a local government agency, including a law enforcement agency, for a program
156	that is focused on substance abuse prevention; or
157	(iii) a local education agency as defined in Section 53E-1-102.
158	(b) A recipient of a grant under the grant program shall use the grant to address root
159	causes and factors associated with the use of electronic cigarettes, marijuana, and
160	other drugs:
161	(i) by addressing one or more risk or protective factors identified in the Utah Student
162	Health and Risk Prevention Statewide Survey; and
163	(ii) through one or more of the following activities aimed at reducing use of
164	electronic cigarettes, marijuana, and other drugs:

165	(A) providing information;
166	(B) enhancing individual skills;
167	(C) providing support to activities that reduce risk or enhance protections;
168	(D) enhancing access or reducing barriers systems, processes, or programs;
169	(E) changing consequences by addressing incentives or disincentives;
170	(F) changing the physical design or structure of an environment to reduce risk or
171	enhance protections; or
172	(G) supporting modifications or changing policies.
173	(c) The grant program shall provide funding for a program or purpose that is:
174	(i) evidence-based; or
175	(ii) a promising practice as defined by the United States Centers for Disease Control
176	and Prevention.
177	(4) (a) An applicant for a grant under the grant program shall submit an application to
178	the local health department that has jurisdiction over the area in which the applicant
179	is proposing use of grant funds.
180	(b) The application described in Subsection (4)(a) shall:
181	(i) provide a summary of how the applicant intends to expend grant funds; and
182	(ii) describe how the applicant will meet the requirements described in Subsection (3)
183	(c) A local health department may establish the form or manner in which an applicant
184	must submit an application for the grant program under this section.
185	(5) (a) A local health department shall:
186	(i) on or before June 30 of each year:
187	(A) review each grant application the local health department receives for the
188	grant program; and
189	(B) select recipients for a grant under the grant program; and
190	(ii) before July 15 of each year, disperse grant funds to each selected recipient.
191	(b) A local health department may not award a single grant under this section in an
192	amount that exceeds \$100,000.
193	(6) (a) Before August 1 of each year, a recipient of a grant under the grant program shall,
194	for the previous year, submit a report to the local health department that:
195	(i) provides an accounting for the expenditure of grant funds;
196	(ii) describes measurable outcomes as a result of the expenditures;
197	(iii) describes the impact and effectiveness of programs and activities funded through
198	the grant; and

199	(iv) indicates the amount of grant funds remaining on the date that the report is
200	submitted.
201	(b) (i) A grant recipient shall submit the report described in Subsection (6)(a) before
202	August 1 of each year until the grant recipient expends all funds awarded to the
203	recipient under the grant program.
204	(ii) After a grant recipient expends all funds awarded to the recipient under the grant
205	program, the grant recipient shall submit a final report to the local health
206	department with the information described in Subsection (6)(a).
207	(7) (a) On or before September 1 of each year, each local health department shall submit
208	the reports described in Subsection (6) to the Association of Local Health
209	Departments.
210	(b) The Association of Local Health Departments shall compile the reports and, in
211	collaboration with the Department of Health, submit a report to the Health and
212	Human Services Interim Committee regarding:
213	(i) the use of funds appropriated to the grant program;
214	(ii) the impact and effectiveness of programs and activities that the grant program
215	funds during the previous fiscal year; and
216	(iii) any recommendations for legislation.
217	(c) The report described in this Subsection (7) may be combined with the report
218	described in Subsection 26B-1-428(4)(a).
219	Section 3. Section 26B-1-324 is amended to read:
220	26B-1-324 (Effective 05/01/24). Statewide Behavioral Health Crisis Response
221	Account Creation Administration Permitted uses Reporting.
222	(1) There is created a restricted account within the General Fund known as the "Statewide
223	Behavioral Health Crisis Response Account," consisting of:
224	(a) money appropriated or otherwise made available by the Legislature; and
225	(b) contributions of money, property, or equipment from federal agencies, political
226	subdivisions of the state, or other persons.
227	(2) (a) Subject to appropriations by the Legislature and any contributions to the account
228	described in Subsection (1)(b), the division shall disburse funds in the account only
229	for the purpose of support or implementation of services or enhancements of those
230	services in order to rapidly, efficiently, and effectively deliver 988 services in the
231	state.
232	(b) Funds distributed from the account to county local mental health and substance

233 abuse authorities for the provision of crisis services are not subject to the 20% county 234 match described in Sections 17-43-201 and 17-43-301. 235 (c) After consultation with the Behavioral Health Crisis Response Commission created 236 in Section 63C-18-202, and local substance use authorities and local mental health 237 authorities described in Sections 17-43-201 and 17-43-301, the division shall expend 238 funds from the account on any of the following programs: 239 (i) the Statewide Mental Health Crisis Line, as defined in Section 26B-5-610, 240 including coordination with 911 emergency service, as defined in Section 69-2-102, 241 and coordination with local substance abuse authorities as described in Section 242 17-43-201, and local mental health authorities, described in Section 17-43-301; 243 (ii) mobile crisis outreach teams as defined in Section 26B-5-609, distributed in 244 accordance with rules made by the division in accordance with Title 63G, Chapter 245 3, Utah Administrative Rulemaking Act; 246 (iii) behavioral health receiving centers as defined in Section 26B-5-114; 247 (iv) stabilization services as described in Section 26B-1-102; 248 (v) mental health crisis services, as defined in Section 26B-5-101, provided by local 249 substance abuse authorities as described in Section 17-43-201 and local mental 250 health authorities described in Section 17-43-301 to provide prolonged mental 251 health services for up to 90 days after the day on which an individual experiences 252 a mental health crisis as defined in Section 26B-5-101; 253 (vi) crisis intervention training for first responders, as that term is defined in Section 254 78B-4-501; 255 (vii) crisis worker certification training for first responders, as that term is defined in 256 Section 78B-4-501; 257 (viii) frontline support for the SafeUT Crisis Line; or 258 (ix) suicide prevention gatekeeper training for first responders, as that term is defined 259 in Section 78B-4-501. 260 (d) If the Legislature appropriates money to the account for a purpose described in 261 Subsection (2)(c), the division shall use the appropriation for that purpose. 262 (3) Subject to appropriations by the Legislature and any contributions to the account 263 described in Subsection (1)(b), the division may expend funds in the account for 264 administrative costs that the division incurs related to administering the account. 265 (4) The division director shall submit and make available to the public a report before 266 December of each year to the Behavioral Health Crisis Response Commission, as

267	defined in Section 63C-18-202, the Social Services Appropriations Subcommittee, and
268	the Legislative Management Committee that includes:]
269	[(a) the amount of each disbursement from the account;]
270	[(b) the recipient of each disbursement, the goods and services received, and a description
271	of the project funded by the disbursement;]
272	[(e) any conditions placed by the division on the disbursements from the account;]
273	[(d) the anticipated expenditures from the account for the next fiscal year;]
274	[(e) the amount of any unexpended funds carried forward;]
275	[(f) the number of Statewide Mental Health Crisis Line calls received;]
276	[(g) the progress towards accomplishing the goals of providing statewide mental health
277	crisis service; and]
278	[(h) other relevant justification for ongoing support from the account.]
279	[(5)] (4) Notwithstanding Subsection (2)(c), allocations made to local substance use
280	authorities and local mental health authorities for behavioral health receiving centers or
281	mobile crisis outreach teams before the end of fiscal year 2023 shall be maintained
282	through fiscal year 2027, subject to appropriation.
283	[(6)] (5) (a) As used in this Subsection $[(6)]$ (5):
284	(i) "Health benefit plan" means the same as that term is defined in Section 31A-1-301
285	(ii) "Mental health service provider" means a behavioral health receiving center or
286	mobile crisis outreach team.
287	(b) The department shall coordinate with each mental health service provider that
288	receives state funds to determine which health benefit plans, if any, have not
289	contracted or have refused to contract with the mental health service provider at usual
290	and customary rates for the services provided by the mental health service provider.
291	(c) In each year that the department identifies a health benefit plan that meets the
292	description in Subsection $[(6)(b)]$ $(5)(b)$, the department shall provide a report on the
293	information gathered under Subsection [(6)(b)] (5)(b) to the Health and Human
294	Services Interim Committee at or before the committee's October meeting.
295	Section 4. Section 26B-1-326 is amended to read:
296	26B-1-326 (Effective 05/01/24). Suicide Prevention and Education Fund.
297	(1) There is created an expendable special revenue fund known as the Suicide Prevention
298	and Education Fund.
299	(2) The fund shall consist of funds transferred from the Concealed Weapons Account in
300	accordance with Subsection 53-5-707(5)(d).

301	(3) Money in the fund shall be used for suicide prevention efforts that include a focus on
302	firearm safety as related to suicide prevention.
303	(4) The Office of Substance Use and Mental Health shall establish a process by rule in
304	accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, for the
305	expenditure of money from the fund.
306	[(5) The Office of Substance Use and Mental Health shall make an annual report to the
307	Legislature regarding the status of the fund, including a report detailing amounts
308	received, expenditures made, and programs and services funded.]
309	Section 5. Section 26B-1-327 is amended to read:
310	26B-1-327 (Effective 05/01/24). Survivors of Suicide Loss Account.
311	(1) As used in this section:
312	(a) (i) "Cohabitant" means an individual who lives with another individual.
313	(ii) "Cohabitant" does not include a relative.
314	(b) "Relative" means father, mother, husband, wife, son, daughter, sister, brother,
315	grandfather, grandmother, uncle, aunt, nephew, niece, grandson, granddaughter, first
316	cousin, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, or
317	daughter-in-law.
318	(2) Upon appropriation, the Office of Substance Use and Mental Health shall award grants
319	from the appropriation to a person who provides, for no or minimal cost:
320	(a) clean-up of property affected or damaged by an individual's suicide, as
321	reimbursement for the costs incurred for the clean-up; and
322	(b) bereavement services to a relative, legal guardian, or cohabitant of an individual who
323	dies by suicide.
324	[(3) Before November 30 of each year, the Office of Substance Use and Mental Health
325	shall report to the Health and Human Services Interim Committee regarding
326	expenditures made in accordance with this section.]
327	Section 6. Section 26B-1-328 is amended to read:
328	26B-1-328 (Effective 05/01/24). Psychiatric and Psychotherapeutic Consultation
329	Program Account Creation Administration Uses.
330	(1) As used in this section:
331	(a) "Child care" means the child care services defined in Section 35A-3-102 for a child
332	during early childhood.
333	(b) "Child care provider" means a person who provides child care or mental health

support or interventions to a child during early childhood.

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335	(c)	"Child mental health care facility" means a facility that provides licensed mental
336		health care programs and services to children and families and employs a child
337		mental health therapist.
338	(d)	"Child mental health therapist" means a mental health therapist who:
339		(i) is knowledgeable and trained in early childhood mental health; and
340		(ii) provides mental health services to children during early childhood.
341	(e)	"Division" means the Division of Integrated Healthcare within the department.
342	(f)	"Early childhood" means the time during which a child is zero to six years old.
343	(g)	"Early childhood psychotherapeutic telehealth consultation" means a consultation
344		regarding a child's mental health care during the child's early childhood between a
345		child care provider or a mental health therapist and a child mental health therapist
346		that is focused on psychotherapeutic and psychosocial interventions and is completed
347		through the use of electronic or telephonic communication.
348	(h)	"Health care facility" means a facility that provides licensed health care programs
349		and services and employs at least two psychiatrists, at least one of whom is a child
350		psychiatrist.
351	(i)	"Primary care provider" means:
352		(i) an individual who is licensed to practice as an advanced practice registered nurse
353		under Title 58, Chapter 31b, Nurse Practice Act;
354		(ii) a physician as defined in Section 58-67-102; or
355		(iii) a physician assistant as defined in Section 58-70a-102.
356	(j)	"Psychiatrist" means a physician who is board eligible for a psychiatry specialization
357		recognized by the American Board of Medical Specialists or the American
358		Osteopathic Association's Bureau of Osteopathic Specialists.
359	(k)	"Telehealth psychiatric consultation" means a consultation regarding a patient's
360		mental health care, including diagnostic clarification, medication adjustment, or
361		treatment planning, between a primary care provider and a psychiatrist that is
362		completed through the use of electronic or telephonic communication.
363	(2) Up	on appropriation, the Office of Substance Use and Mental Health shall award grants
364	fro	om the appropriation to:
365	(a)	at least one health care facility to implement a program that provides a primary care
366		provider access to a telehealth psychiatric consultation when the primary care
367		provider is evaluating a patient for or providing a patient mental health treatment; and
368	(b)	at least one child mental health care facility to implement a program that provides

369	access to an early childhood psychotherapeutic telehealth consultation to:
370	(i) a mental health therapist as defined in Section 58-60-102 when the mental health
371	therapist is evaluating a child for or providing a child mental health treatment; or
372	(ii) a child care provider when the child care provider is providing child care to a
373	child.
374	(3) The Office of Substance Use and Mental Health may award and distribute grant money
375	to a health care facility or child mental health care facility only if the health care facility
376	or child mental health care facility:
377	(a) is located in the state; and
378	(b) submits an application in accordance with Subsection (4).
379	(4) An application for a grant under this section shall include:
380	(a) the number of psychiatrists employed by the health care facility or the number of
381	child mental health therapists employed by the child mental health care facility;
382	(b) the health care facility's or child mental health care facility's plan to implement the
383	telehealth psychiatric consultation program or the early childhood psychotherapeutic
384	telehealth consultation program described in Subsection (2);
385	(c) the estimated cost to implement the telehealth psychiatric consultation program or
386	the early childhood psychotherapeutic telehealth consultation program described in
387	Subsection (2);
388	(d) any plan to use one or more funding sources in addition to a grant under this section
389	to implement the telehealth psychiatric consultation program or the early childhood
390	psychotherapeutic telehealth consultation program described in Subsection (2);
391	(e) the amount of grant money requested to fund the telehealth psychiatric consultation
392	program or the early childhood psychotherapeutic telehealth consultation program
393	described in Subsection (2); and
394	(f) any existing or planned contract or partnership between the health care facility and
395	another person to implement the telehealth psychiatric consultation program or the
396	early childhood psychotherapeutic telehealth consultation program described in
397	Subsection (2).
398	(5) A health care facility or child mental health care facility that receives grant money
399	under this section shall file a report with the division before October 1 of each year that
400	details for the immediately preceding calendar year:
401	(a) the type and effectiveness of each service provided in the telehealth psychiatric
402	program or the early childhood psychotherapeutic telehealth consultation program;

403	(b) the utilization of the telehealth psychiatric program or the early childhood
404	psychotherapeutic telehealth consultation program based on metrics or categories
405	determined by the division;
406	(c) the total amount expended from the grant money; and
407	(d) the intended use for grant money that has not been expended.
408	[(6) Before November 30 of each year, the department shall report to the Health and
409	Human Services Interim Committee regarding:]
410	[(a) expenditures made in accordance with this section; and]
411	[(b) a summary of any report provided to the division under Subsection (5).]
412	Section 7. Section 26B-1-329 is amended to read:
413	26B-1-329 (Effective 05/01/24). Mental Health Services Donation Fund.
414	(1) As used in this section:
415	(a) "Mental health therapist" means the same as that term is defined in Section 58-60-102
416	(b) "Mental health therapy" means treatment or prevention of a mental illness, including:
417	(i) conducting a professional evaluation of an individual's condition of mental health,
418	mental illness, or emotional disorder consistent with standards generally
419	recognized by mental health therapists;
420	(ii) establishing a diagnosis in accordance with established written standards
421	generally recognized by mental health therapists;
422	(iii) prescribing a plan or medication for the prevention or treatment of a condition of
423	a mental illness or an emotional disorder; and
424	(iv) engaging in the conduct of professional intervention, including psychotherapy by
425	the application of established methods and procedures generally recognized by
426	mental health therapists.
427	(c) "Qualified individual" means an individual who:
428	(i) is experiencing a mental health crisis; and
429	(ii) calls a local mental health crisis line as defined in Section 26B-5-610 or the
430	statewide mental health crisis line as defined in Section 26B-5-610.
431	(2) There is created an expendable special revenue fund known as the "Mental Health
432	Services Donation Fund."
433	(3) (a) The fund shall consist of:
434	(i) gifts, grants, donations, or any other conveyance of money that may be made to
435	the fund from public or private individuals or entities; and
436	(ii) interest earned on money in the fund

437	(b) The Office of Substance Use and Mental Health shall administer the fund in
438	accordance with this section.
439	(4) The Office of Substance Use and Mental Health shall award fund money to an entity in
440	the state that provides mental health and substance use treatment for the purpose of:
441	(a) providing through telehealth or in-person services, mental health therapy to qualified
442	individuals;
443	(b) providing access to evaluations and coordination of short-term care to assist a
444	qualified individual in identifying services or support needs, resources, or benefits for
445	which the qualified individual may be eligible; and
446	(c) developing a system for a qualified individual and a qualified individual's family to
447	access information and referrals for mental health therapy.
448	(5) Fund money may only be used for the purposes described in Subsection (4).
449	[(6) The Office of Substance Use and Mental Health shall provide an annual report to the
450	Behavioral Health Crisis Response Commission, created in Section 63C-18-202,
451	regarding:]
452	[(a) the entity that is awarded a grant under Subsection (4);]
453	[(b) the number of qualified individuals served by the entity with fund money; and]
454	[(e) any costs or benefits as a result of the award of the grant.]
455	Section 8. Section 26B-1-402 is amended to read:
456	26B-1-402 (Effective 05/01/24). Rare Disease Advisory Council Grant Program
457	Creation Reporting.
458	(1) As used in this section:
459	(a) "Council" means the Rare Disease Advisory Council described in Subsection (3).
460	(b) "Grantee" means the recipient of a grant under this section to operate the program.
461	(c) "Rare disease" means a disease that affects fewer than 200,000 individuals in the
462	United States.
463	(2) (a) Within legislative appropriations, the department shall issue a request for
464	proposals for a grant to administer the provisions of this section.
465	(b) The department may issue a grant under this section if the grantee agrees to:
466	(i) convene the council in accordance with Subsection (3);
467	(ii) provide staff and other administrative support to the council; and
468	(iii) in coordination with the department, report to the Legislature in accordance with
469	Subsection (4).
470	(3) The Rare Disease Advisory Council convened by the grantee shall:

471	(a) advise the Legislature and state agencies on providing services and care to
472	individuals with a rare disease;
473	(b) make recommendations to the Legislature and state agencies on improving access to
474	treatment and services provided to individuals with a rare disease;
475	(c) identify best practices to improve the care and treatment of individuals in the state
476	with a rare disease;
477	(d) meet at least two times in each calendar year; and
478	(e) be composed of members identified by the department, including at least the
479	following individuals:
480	(i) a representative from the department;
481	(ii) researchers and physicians who specialize in rare diseases, including at least one
482	representative from the University of Utah;
483	(iii) two individuals who have a rare disease or are the parent or caregiver of an
484	individual with a rare disease; and
485	(iv) two representatives from one or more rare disease patient organizations that
486	operate in the state.
487	(4) Before [November 30, 2021, and before]November 30 of every odd-numbered year[
488	thereafter], the [department] grantee shall report to the Health and Human Services
489	Interim Committee on:
490	(a) the activities of the grantee and the council; and
491	(b) recommendations and best practices regarding the ongoing needs of individuals in
492	the state with a rare disease.
493	Section 9. Section 26B-1-422 is amended to read:
494	26B-1-422 (Effective 05/01/24). Early Childhood Utah Advisory Council
495	Creation Compensation Duties.
496	(1) As used in this section:
497	(a) "Early childhood" refers to a child in the state who is eight years old or younger; and
498	(b) "State superintendent" means the state superintendent of public instruction appointed
499	under Section 53E-3-301.
500	(2) There is created the Early Childhood Utah Advisory Council.
501	(3) (a) The department shall:
502	(i) make rules establishing the membership, duties, and procedures of the council in
503	accordance with the requirements of:
504	(A) this section;

505	(B) the Improving Head Start for School Readiness Act of 2007, 42 U.S.C. Sec.
506	9837b; and
507	(C) Title 63G, Chapter 3, Utah Administrative Rulemaking Act; and
508	(ii) provide necessary administrative and staff support to the council.
509	(b) A member of the council may not receive compensation or benefits for the member's
510	service.
511	(4) The duties of the council include:
512	(a) improving and coordinating the quality of programs and services for children in
513	accordance with the Improving Head Start for School Readiness Act of 2007, 42
514	U.S.C. Sec. 9837b;
515	(b) supporting Utah parents and families by providing comprehensive and accurate
516	information regarding the availability of voluntary services for children in early
517	childhood from state agencies and other private and public entities;
518	(c) facilitating improved coordination between state agencies and community partners
519	that provide services to children in early childhood;
520	(d) sharing and analyzing information regarding early childhood issues in the state;
521	(e) providing recommendations to the department, the Department of Workforce
522	Services, and the State Board of Education regarding a comprehensive delivery
523	system of services for children in early childhood that addresses the following four
524	areas:
525	(i) family support and safety;
526	(ii) health and development;
527	(iii) early learning; and
528	(iv) economic development; and
529	(f) identifying opportunities for and barriers to the alignment of standards, rules,
530	policies, and procedures across programs and agencies that support children in early
531	childhood.
532	(5) To fulfill the duties described in Subsection (4), the council shall:
533	(a) directly engage with parents, families, community members, and public and private
534	service providers to identify and address:
535	(i) the quality, effectiveness, and availability of existing services for children in early
536	childhood and the coordination of those services;
537	(ii) gaps and barriers to entry in the provision of services for children in early
538	childhood; and

539		(iii) community-based solutions in improving the quality, effectiveness, and
540		availability of services for children in early childhood;
541	(b)	seek regular and ongoing feedback from a wide range of entities and individuals that
542		use or provide services for children in early childhood, including entities and
543		individuals that use, represent, or provide services for any of the following:
544		(i) children in early childhood who live in urban, suburban, or rural areas of the state;
545		(ii) children in early childhood with varying socioeconomic backgrounds;
546		(iii) children in early childhood with varying ethnic or racial heritages;
547		(iv) children in early childhood from various geographic areas of the state; and
548		(v) children in early childhood with special needs;
549	(c)	study, evaluate, and report on the status and effectiveness of policies, procedures,
550		and programs that provide services to children in early childhood;
551	(d)	study and evaluate the effectiveness of policies, procedures, and programs
552		implemented by other states and nongovernmental entities that address the needs of
553		children in early childhood;
554	(e)	identify policies, procedures, and programs that are impeding efforts to help children
555		in early childhood in the state and recommend changes to those policies, procedures,
556		and programs;
557	(f)	identify policies, procedures, and programs related to children in early childhood in
558		the state that are inefficient or duplicative and recommend changes to those policies,
559		procedures, and programs;
560	(g)	recommend policy, procedure, and program changes to address the needs of children
561		in early childhood;
562	(h)	develop methods for using interagency information to inform comprehensive policy
563		and budget decisions relating to early childhood services; and
564	(i)	develop strategies and monitor efforts concerning:
565		(i) increasing school readiness;
566		(ii) improving access to early child care and early education programs; and
567		(iii) improving family and community engagement in early childhood education and
568		development.
569	(6) In t	fulfilling the council's duties, the council may request and receive, from any state or
570	loc	al governmental agency or institution, information relating to early childhood,
571	inc	luding reports, audits, projections, and statistics.
572	[(7) (a)	On or before August 1 of each year, the council shall provide an annual report to

573	the executive director, the executive director of the Department of Workforce Services,
574	and the state superintendent.]
575	[(b) The annual report shall include:]
576	[(i) a statewide assessment concerning the availability of high-quality pre-kindergarten
577	services for children from low-income households;]
578	[(ii) a statewide strategic report addressing the activities mandated by the Improving Head
579	Start for School Readiness Act of 2007, 42 U.S.C. Sec. 9837b, including:]
580	[(A) identifying opportunities for and barriers to collaboration and coordination among
581	federally-funded and state-funded child health and development, child care, and early
582	childhood education programs and services, including collaboration and coordination
583	among state agencies responsible for administering such programs;]
584	[(B) evaluating the overall participation of children in existing federal, state, and local
585	child care programs and early childhood health, development, family support, and
586	education programs;]
587	[(C) recommending statewide professional development and career advancement plans for
588	early childhood educators and service providers in the state, including an analysis of the
589	capacity and effectiveness of programs at two- and four-year public and private
590	institutions of higher education that support the development of early childhood
591	educators; and]
592	[(D) recommending improvements to the state's early learning standards and high-quality
593	comprehensive early learning standards; and]
594	[(iii) the recommendations described in Subsection (4)(e).]
595	[(8)] (7) [In addition to the annual report described in Subsection (7)(a), on] On or before
596	August 1, 2024, and at least every five years thereafter, the council shall provide to the
597	executive director, the executive director of the Department of Workforce Services, and
598	the state superintendent a statewide needs assessment concerning the quality and
599	availability of early childhood education, health, and development programs and
600	services for children in early childhood.
601	Section 10. Section 26B-1-424 is amended to read:
602	26B-1-424 (Effective 05/01/24). Adult Autism Treatment Program Advisory
603	Committee Membership Procedures Compensation Duties Expenses.
604	(1) As used in this section, "autism spectrum disorder" means the same as that term is
605	defined in Section 31A-22-642.
606	(2) The Adult Autism Treatment Advisory Committee created in Section 26B-1-204 shall

607	CO	sist of six members appointed by the governor to two-year terms as follows:
608	(a)	one individual who:
609		(i) has a doctorate degree in psychology;
610		(ii) is a licensed behavior analyst practicing in the state; and
611		(iii) has treated adults with an autism spectrum disorder for at least three years;
612	(b)	one individual who is:
613		(i) employed by the department; and
614		(ii) has professional experience with the treatment of autism spectrum disorder;
615	(c)	three individuals who have firsthand experience with autism spectrum disorders and
616		the effects, diagnosis, treatment, and rehabilitation of autism spectrum disorders,
617		including:
618		(i) family members of an adult with an autism spectrum disorder;
619		(ii) representatives of an association that advocates for adults with an autism
620		spectrum disorder; and
621		(iii) specialists or professionals who work with adults with an autism spectrum
622		disorder; and
623	(d)	one individual who is:
624		(i) a health insurance professional;
625		(ii) holds a Doctor of Medicine or Doctor of Philosophy degree, with professional
626		experience relating to the treatment of autism spectrum disorder; and
627		(iii) has a knowledge of autism benefits and therapy that are typically covered by the
628		health insurance industry.
629	(3) (a)	Notwithstanding Subsection (2), the governor shall, at the time of appointment or
630	rea	appointment, adjust the length of terms to ensure the terms of members are
631	sta	ggered so that approximately half of the advisory committee is appointed every
632	yea	ar.
633	(b)	If a vacancy occurs in the membership of the advisory committee, the governor may
634		appoint a replacement for the unexpired term.
635	(c)	The advisory committee shall annually elect a chair from its membership.
636	(d)	A majority of the advisory committee constitutes a quorum at any meeting and, if a
637		quorum exists, the action of the majority of members present is the action of the
638		advisory committee.
639	(4) Th	e advisory committee shall meet as necessary to:
640	(a)	advise the department regarding implementation of the Adult Autism Treatment

641	Program created in Section 26B-4-602; and
642	(b) make recommendations to the department and the Legislature for improving the
643	Adult Autism Treatment Program[; and] .
644	[(e) before October 1 each year, provide a written report of the advisory committee's
645	activities and recommendations to:]
646	[(i) the executive director;]
647	[(ii) the Health and Human Services Interim Committee; and]
648	[(iii) the Social Services Appropriations Subcommittee.]
649	(5) The advisory committee shall comply with the procedures and requirements of:
650	(a) Title 52, Chapter 4, Open and Public Meetings Act; and
651	(b) Title 63G, Chapter 2, Government Records Access and Management Act.
652	(6) A member may not receive compensation or benefits for the member's service, but may
653	receive per diem and travel expenses in accordance with:
654	(a) Section 63A-3-106;
655	(b) Section 63A-3-107; and
656	(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and
657	63A-3-107.
658	(7) (a) The department shall staff the advisory committee.
659	(b) Expenses of the advisory committee, including the cost of advisory committee staff
660	if approved by the executive director, may be paid only with funds from the Adult
661	Autism Treatment Account created in Section 26B-1-322.
662	Section 11. Section 26B-3-210 is amended to read:
663	26B-3-210 (Effective 05/01/24). Medicaid waiver expansion.
664	(1) As used in this section:
665	(a) "Federal poverty level" means the same as that term is defined in Section 26B-3-207.
666	(b) "Medicaid waiver expansion" means an expansion of the Medicaid program in
667	accordance with this section.
668	(2) (a) Before January 1, 2019, the department shall apply to CMS for approval of a
669	waiver or state plan amendment to implement the Medicaid waiver expansion.
670	(b) The Medicaid waiver expansion shall:
671	(i) expand Medicaid coverage to eligible individuals whose income is below 95% of
672	the federal poverty level;
673	(ii) obtain maximum federal financial participation under 42 U.S.C. Sec. 1396d(y) for
674	enrolling an individual in the Medicaid program;

675	(iii) provide Medicaid benefits through the state's Medicaid accountable care
676	organizations in areas where a Medicaid accountable care organization is
677	implemented;
678	(iv) integrate the delivery of behavioral health services and physical health services
679	with Medicaid accountable care organizations in select geographic areas of the
680	state that choose an integrated model;
681	(v) include a path to self-sufficiency, including work activities as defined in 42
682	U.S.C. Sec. 607(d), for qualified adults;
683	(vi) require an individual who is offered a private health benefit plan by an employer
684	to enroll in the employer's health plan;
685	(vii) sunset in accordance with Subsection (5)(a); and
686	(viii) permit the state to close enrollment in the Medicaid waiver expansion if the
687	department has insufficient funding to provide services to additional eligible
688	individuals.
689	(3) If the Medicaid waiver described in Subsection (2)(a) is approved, the department may
690	only pay the state portion of costs for the Medicaid waiver expansion with
691	appropriations from:
692	(a) the Medicaid Expansion Fund, created in Section 26B-1-315;
693	(b) county contributions to the non-federal share of Medicaid expenditures; and
694	(c) any other contributions, funds, or transfers from a non-state agency for Medicaid
695	expenditures.
696	(4) (a) In consultation with the department, Medicaid accountable care organizations and
697	counties that elect to integrate care under Subsection (2)(b)(iv) shall collaborate on
698	enrollment, engagement of patients, and coordination of services.
699	(b) As part of the provision described in Subsection (2)(b)(iv), the department shall
700	apply for a waiver to permit the creation of an integrated delivery system:
701	(i) for any geographic area that expresses interest in integrating the delivery of
702	services under Subsection (2)(b)(iv); and
703	(ii) in which the department:
704	(A) may permit a local mental health authority to integrate the delivery of
705	behavioral health services and physical health services;
706	(B) may permit a county, local mental health authority, or Medicaid accountable
707	care organization to integrate the delivery of behavioral health services and
708	physical health services to select groups within the population that are newly

709	eligible under the Medicaid waiver expansion; and
710	(C) may make rules in accordance with Title 63G, Chapter 3, Utah Administrative
711	Rulemaking Act, to integrate payments for behavioral health services and
712	physical health services to plans or providers.
713	(5) (a) If federal financial participation for the Medicaid waiver expansion is reduced
714	below 90%, the authority of the department to implement the Medicaid waiver
715	expansion shall sunset no later than the next July 1 after the date on which the federal
716	financial participation is reduced.
717	(b) The department shall close the program to new enrollment if the cost of the Medicaid
718	waiver expansion is projected to exceed the appropriations for the fiscal year that are
719	authorized by the Legislature through an appropriations act adopted in accordance
720	with Title 63J, Chapter 1, Budgetary Procedures Act.
721	[(6) If the Medicaid waiver expansion is approved by CMS, the department shall report to
722	the Social Services Appropriations Subcommittee on or before November 1 of each year
723	that the Medicaid waiver expansion is operational:
724	[(a) the number of individuals who enrolled in the Medicaid waiver program;]
725	[(b) costs to the state for the Medicaid waiver program;]
726	[(c) estimated costs for the current and following state fiscal year; and]
727	[(d) recommendations to control costs of the Medicaid waiver expansion.]
728	Section 12. Section 26B-3-218 is amended to read:
729	26B-3-218 (Effective 05/01/24). Medicaid waiver for inpatient care in an
730	institution for mental diseases.
731	(1) As used in this section, "institution for mental diseases" means the same as that term is
732	defined in 42 C.F.R. Sec. 435.1010.
733	(2) Before August 1, 2020, the division shall apply for a Medicaid waiver or a state plan
734	amendment with CMS to offer a program that provides reimbursement for mental health
735	services that are provided:
736	(a) in an institution for mental diseases that includes more than 16 beds; and
737	(b) to an individual who receives mental health services in an institution for mental
738	diseases for a period of more than 15 days in a calendar month.
739	(3) If the waiver or state plan amendment described in Subsection (2) is approved, the
740	department shall $[:(a)]$ develop and offer the program described in Subsection (2) $[:(a)]$.
741	[(b) submit to the Health and Human Services Interim Committee and the Social
742	Services Appropriations Subcommittee any report that the department submits to

743	CMS that relates to the budget neutrality, independent waiver evaluation, or
744	performance metrics of the program described in Subsection (2), within 15 days after
745	the day on which the report is submitted to CMS.]
746	(4) Notwithstanding Sections 17-43-201 and 17-43-301, if the waiver or state plan
747	amendment described in Subsection (2) is approved, a county does not have to provide
748	matching funds to the state for the mental health services described in Subsection (2)
749	that are provided to an individual who qualifies for Medicaid coverage under Section
750	26B-3-113 or 26B-3-207.
751	Section 13. Section 26B-4-702 is amended to read:
752	26B-4-702 (Effective 05/01/24). Creation of Utah Health Care Workforce
753	Financial Assistance Program Duties of department.
754	(1) As used in this section:
755	(a) "Eligible professional" means a geriatric professional or a health care professional
756	who is eligible to participate in the program.
757	(b) "Geriatric professional" means a person who:
758	(i) is a licensed:
759	(A) health care professional;
760	(B) social worker;
761	(C) occupational therapist;
762	(D) pharmacist;
763	(E) physical therapist; or
764	(F) psychologist; and
765	(ii) is determined by the department to have adequate advanced training in geriatrics
766	to prepare the person to provide specialized geriatric care within the scope of the
767	person's profession.
768	(c) "Health care professional" means:
769	(i) a licensed:
770	(A) physician;
771	(B) physician assistant;
772	(C) nurse;
773	(D) dentist; or
774	(E) mental health therapist; or
775	(ii) another licensed health care professional designated by the department by rule.
776	(d) "Program" means the Utah Health Care Workforce Financial Assistance Program

777 created in this section. 778 (e) "Underserved area" means an area designated by the department as underserved by 779 health care professionals, based upon the results of a needs assessment developed by 780 the department in consultation with the Utah Health Care Workforce Financial 781 Assistance Program Advisory Committee created under Section 26B-1-419. 782 (2) There is created within the department the Utah Health Care Workforce Financial 783 Assistance Program to provide, within funding appropriated by the Legislature for the 784 following purposes: 785 (a) professional education scholarships and loan repayment assistance to health care 786 professionals who locate or continue to practice in underserved areas; and 787 (b) loan repayment assistance to geriatric professionals who locate or continue to 788 practice in underserved areas. 789 (3) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the 790 department shall make rules governing the administration of the program, including 791 rules that address: 792 (a) application procedures; 793 (b) eligibility criteria; 794 (c) selection criteria; 795 (d) service conditions, which at a minimum shall include professional service in an 796 underserved area for a minimum period of time by any person receiving a scholarship 797 or loan repayment assistance; 798 (e) penalties for failure to comply with service conditions or other terms of a scholarship 799 or loan repayment contract; 800 (f) criteria for modifying or waiving service conditions or penalties in case of extreme 801 hardship or other good cause; and 802 (g) administration of contracts entered into before the effective date of this act, between 803 the department and scholarship or loan repayment recipients, as authorized by law. 804 (4) The department may provide education loan repayment assistance to an eligible 805 professional if the eligible professional: 806 (a) agrees to practice in an underserved area for the duration of the eligible professional's 807 participation in the program; and

(b) submits a written commitment from the health care facility employing the eligible

professional that the health care facility will provide education loan repayment

assistance to the eligible professional in an amount equal to 20% of the total award

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811	amount provided to the eligible professional.
812	(5) The department shall seek and consider the recommendations of the Utah Health Care
813	Workforce Financial Assistance Program Advisory Committee created under Section
814	26B-1-419 as it develops and modifies rules to administer the program.
815	(6) Funding for the program:
816	(a) shall be a line item within the appropriations act;
817	(b) shall be nonlapsing unless designated otherwise by the Legislature; and
818	(c) may be used to cover administrative costs of the program, including reimbursement
819	expenses of the Utah Health Care Workforce Financial Assistance Program Advisory
820	Committee created under Section 26B-1-419.
821	(7) Refunds for loan repayment assistance, penalties for breach of contract, and other
822	payments to the program are dedicated credits to the program.
823	[(8) The department shall prepare an annual report on the revenues, expenditures, and
824	outcomes of the program.]
825	Section 14. Section 26B-4-703 is amended to read:
826	26B-4-703 (Effective 05/01/24). Rural Physician Loan Repayment Program
827	Purpose Repayment limit Funding Reporting Rulemaking Advisory
828	committee.
829	(1) There is created within the department the Rural Physician Loan Repayment Program to
830	provide, within funding appropriated by the Legislature for this purpose, education loan
831	repayment assistance to physicians in accordance with Subsection (2).
832	(2) The department may enter into an education loan repayment assistance contract with a
833	physician if:
834	(a) the physician:
835	(i) locates or continues to practice in a rural county; and
836	(ii) has a written commitment from a rural hospital that the hospital will provide
837	education loan repayment assistance to the physician;
838	(b) the assistance provided by the program does not exceed the assistance provided by
839	the rural hospital; and
840	(c) the physician is otherwise eligible for assistance under administrative rules adopted
841	under Subsection (6).
842	(3) Funding for the program:
843	(a) shall be a line item within an appropriations act;
844	(b) may be used to pay for the per diem and travel expenses of the Rural Physician Loan

845	Repayment Program Advisory Committee under Subsection 26B-1-423(5); and
846	(c) may be used to pay for department expenses incurred in the administration of the
847	program:
848	(i) including administrative support provided to the Rural Physician Loan Repayment
849	Program Advisory Committee created under Subsection 26B-1-423(7); and
850	(ii) in an amount not exceeding 10% of funding for the program.
851	(4) Refunds of loan repayment assistance, penalties for breach of contract, and other
852	payments to the program are dedicated credits to the program.
853	(5) [The] Before November 2025 and every five years thereafter, the department shall [
854	prepare an annual] provide a report of the program's revenues, expenditures, and
855	outcomes for the preceding five years to the Social Services Appropriations
856	Subcommittee.
857	(6) (a) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
858	the department shall make rules governing the administration of the program,
859	including rules that address:
860	(i) application procedures;
861	(ii) eligibility criteria;
862	(iii) verification of the amount provided by a rural hospital to a physician for
863	repayment of the physician's education loans;
864	(iv) service conditions, which at a minimum shall include professional service by the
865	physician in the rural hospital providing loan repayment assistance to the
866	physician;
867	(v) selection criteria and assistance amounts;
868	(vi) penalties for failure to comply with service conditions or other terms of a loan
869	repayment assistance contract; and
870	(vii) criteria for modifying or waiving service conditions or penalties in the case of
871	extreme hardship or for other good cause.
872	(b) The department shall seek and consider the recommendations of the Rural Physician
873	Loan Repayment Program Advisory Committee created in Section 26B-1-423 as it
874	develops and modifies rules to administer the program.
875	Section 15. Section 26B-4-711 is amended to read:
876	26B-4-711 (Effective 05/01/24). Residency grant program.
877	(1) As used in this section:
878	(a) "D.O. program" means an osteopathic medical program that prepares a graduate to

879		obtain licensure as a doctor of osteopathic medicine upon completing a state's
880		licensing requirements.
881	((b) "M.D. program" means a medical education program that prepares a graduate to
882		obtain licensure as a doctor of medicine upon completing a state's licensing
883		requirements.
884	((c) "Residency program" means a program that provides training for graduates of a D.O.
885		program or an M.D. program.
886	(2)	UMEC shall develop a grant program where a sponsoring institution in Utah may apply
887		for a grant to establish a new residency program or expand a current residency program.
888	(3)	An applicant for a grant shall:
889	((a) provide the proposed specialty area for each grant funded residency position;
890	((b) identify where the grant funded residency position will provide care;
891	((c) (i) provide proof that the residency program is accredited by the Accreditation
892		Council for Graduate Medical Education; or
893		(ii) identify what actions need to occur for the proposed residency program to
894		become accredited by the Accreditation Council for Graduate Medical Education
895	((d) identify how a grant funded residency position will be funded once the residency
896		program exhausts the grant money;
897	((e) agree to implement selection processes for a residency position that treat applicants
898		from D.O. programs and applicants from M.D. programs equally;
899	((f) agree to provide information identified by UMEC that relates to post-residency
900		employment outcomes for individuals who work in grant funded residency positions;
901		and
902	((g) provide any other information related to the grant application UMEC deems
903		necessary.
904	(4)	UMEC shall prioritize awarding grants to new or existing residency programs that will:
905	((a) address a workforce shortage, occurring in Utah, for a specialty; or
906	((b) serve an underserved population, including a rural population.
907	(5)	[Before November 1, 2023, and each] Each November 1 until November 2026 and then
908	9	every three years thereafter, the Health Workforce Advisory Council, in consultation
909	-	with UMEC, shall provide a written report to the Higher Education Appropriations
910		Subcommittee and the Social Services Appropriations Subcommittee describing:
911	((a) which sponsoring institutions received a grant;
912	((b) the number of residency positions created; and

913	(c) for each residency position created:
914	(i) the type of specialty;
915	(ii) where the residency position provides care; and
916	(iii) an estimated date of when a grant funded residency position will no longer need
917	grant funding.
918	Section 16. Section 26B-5-102 is amended to read:
919	26B-5-102 (Effective 05/01/24). Division of Integrated Healthcare Office of
920	Substance Use and Mental Health Creation Responsibilities.
921	(1) (a) The Division of Integrated Healthcare shall exercise responsibility over the
922	policymaking functions, regulatory and enforcement powers, rights, duties, and
923	responsibilities outlined in state law that were previously vested in the Division of
924	Substance Abuse and Mental Health within the department, under the administration
925	and general supervision of the executive director.
926	(b) The division is the substance abuse authority and the mental health authority for this
927	state.
928	(c) There is created the Office of Substance Use and Mental Health within the division.
929	(d) The office shall exercise the responsibilities, powers, rights, duties, and
930	responsibilities assigned to the office by the executive director.
931	(2) The division shall:
932	(a) (i) educate the general public regarding the nature and consequences of substance
933	use by promoting school and community-based prevention programs;
934	(ii) render support and assistance to public schools through approved school-based
935	substance abuse education programs aimed at prevention of substance use;
936	(iii) promote or establish programs for the prevention of substance use within the
937	community setting through community-based prevention programs;
938	(iv) cooperate with and assist treatment centers, recovery residences, and other
939	organizations that provide services to individuals recovering from a substance use
940	disorder, by identifying and disseminating information about effective practices
941	and programs;
942	(v) promote integrated programs that address an individual's substance use, mental
943	health, and physical health;
944	(vi) establish and promote an evidence-based continuum of screening, assessment,
945	prevention, treatment, and recovery support services in the community for
946	individuals with a substance use disorder or mental illness:

947	(vii) evaluate the effectiveness of programs described in this Subsection (2);
948	(viii) consider the impact of the programs described in this Subsection (2) on:
949	(A) emergency department utilization;
950	(B) jail and prison populations;
951	(C) the homeless population; and
952	(D) the child welfare system; and
953	(ix) promote or establish programs for education and certification of instructors to
954	educate individuals convicted of driving under the influence of alcohol or drugs or
955	driving with any measurable controlled substance in the body;
956	(b) (i) collect and disseminate information pertaining to mental health;
957	(ii) provide direction over the state hospital including approval of the state hospital's
958	budget, administrative policy, and coordination of services with local service
959	plans;
960	(iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
961	Rulemaking Act, to educate families concerning mental illness and promote
962	family involvement, when appropriate, and with patient consent, in the treatment
963	program of a family member; and
964	(iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
965	Rulemaking Act, to direct that an individual receiving services through a local
966	mental health authority or the Utah State Hospital be informed about and, if
967	desired by the individual, provided assistance in the completion of a declaration
968	for mental health treatment in accordance with Section 26B-5-313;
969	(c) (i) consult and coordinate with local substance abuse authorities and local mental
970	health authorities regarding programs and services;
971	(ii) provide consultation and other assistance to public and private agencies and
972	groups working on substance use and mental health issues;
973	(iii) promote and establish cooperative relationships with courts, hospitals, clinics,
974	medical and social agencies, public health authorities, law enforcement agencies,
975	education and research organizations, and other related groups;
976	(iv) promote or conduct research on substance use and mental health issues, and
977	submit to the governor and the Legislature recommendations for changes in policy
978	and legislation;
979	(v) receive, distribute, and provide direction over public funds for substance use and
980	mental health services;

981	(vi) monitor and evaluate programs provided by local substance abuse authorities and
982	local mental health authorities;
983	(vii) examine expenditures of local, state, and federal funds;
984	(viii) monitor the expenditure of public funds by:
985	(A) local substance abuse authorities;
986	(B) local mental health authorities; and
987	(C) in counties where they exist, a private contract provider that has an annual or
988	otherwise ongoing contract to provide comprehensive substance abuse or
989	mental health programs or services for the local substance abuse authority or
990	local mental health authority;
991	(ix) contract with local substance abuse authorities and local mental health authorities
992	to provide a comprehensive continuum of services that include community-based
993	services for individuals involved in the criminal justice system, in accordance with
994	division policy, contract provisions, and the local plan;
995	(x) contract with private and public entities for special statewide or nonclinical
996	services, or services for individuals involved in the criminal justice system,
997	according to division rules;
998	(xi) review and approve each local substance abuse authority's plan and each local
999	mental health authority's plan in order to ensure:
1000	(A) a statewide comprehensive continuum of substance use services;
1001	(B) a statewide comprehensive continuum of mental health services;
1002	(C) services result in improved overall health and functioning;
1003	(D) a statewide comprehensive continuum of community-based services designed
1004	to reduce criminal risk factors for individuals who are determined to have
1005	substance use or mental illness conditions or both, and who are involved in the
1006	criminal justice system;
1007	(E) compliance, where appropriate, with the certification requirements in
1008	Subsection (2)(j); and
1009	(F) appropriate expenditure of public funds;
1010	(xii) review and make recommendations regarding each local substance abuse
1011	authority's contract with the local substance abuse authority's provider of
1012	substance use programs and services and each local mental health authority's
1013	contract with the local mental health authority's provider of mental health
1014	programs and services to ensure compliance with state and federal law and policy;

1015	(xiii) monitor and ensure compliance with division rules and contract requirements;
1016	and
1017	(xiv) withhold funds from local substance abuse authorities, local mental health
1018	authorities, and public and private providers for contract noncompliance, failure to
1019	comply with division directives regarding the use of public funds, or for misuse of
1020	public funds or money;
1021	(d) ensure that the requirements of this part are met and applied uniformly by local
1022	substance abuse authorities and local mental health authorities across the state;
1023	(e) require each local substance abuse authority and each local mental health authority,
1024	in accordance with Subsections 17-43-201(5)(b) and 17-43-301(6)(a)(ii), to submit a
1025	plan to the division on or before May 15 of each year;
1026	(f) conduct an annual program audit and review of each local substance abuse authority
1027	and each local substance abuse authority's contract provider, and each local mental
1028	health authority and each local mental health authority's contract provider, including:
1029	(i) a review and determination regarding whether:
1030	(A) public funds allocated to the local substance abuse authority or the local
1031	mental health authorities are consistent with services rendered by the authority
1032	or the authority's contract provider, and with outcomes reported by the
1033	authority's contract provider; and
1034	(B) each local substance abuse authority and each local mental health authority is
1035	exercising sufficient oversight and control over public funds allocated for
1036	substance use disorder and mental health programs and services; and
1037	(ii) items determined by the division to be necessary and appropriate;
1038	(g) define "prevention" by rule as required under Title 32B, Chapter 2, Part 4, Alcoholic
1039	Beverage and Substance Abuse Enforcement and Treatment Restricted Account Act;
1040	(h) (i) train and certify an adult as a peer support specialist, qualified to provide peer
1041	supports services to an individual with:
1042	(A) a substance use disorder;
1043	(B) a mental health disorder; or
1044	(C) a substance use disorder and a mental health disorder;
1045	(ii) certify a person to carry out, as needed, the division's duty to train and certify an
1046	adult as a peer support specialist;
1047	(iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
1048	Rulemaking Act, that:

1049	(A) establish training and certification requirements for a peer support specialist;
1050	(B) specify the types of services a peer support specialist is qualified to provide;
1051	(C) specify the type of supervision under which a peer support specialist is
1052	required to operate; and
1053	(D) specify continuing education and other requirements for maintaining or
1054	renewing certification as a peer support specialist; and
1055	(iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
1056	Rulemaking Act, that:
1057	(A) establish the requirements for a person to be certified to carry out, as needed,
1058	the division's duty to train and certify an adult as a peer support specialist; and
1059	(B) specify how the division shall provide oversight of a person certified to train
1060	and certify a peer support specialist;
1061	(i) collaborate with the State Commission on Criminal and Juvenile Justice to analyze
1062	and provide recommendations to the Legislature regarding:
1063	(i) pretrial services and the resources needed to reduce recidivism;
1064	(ii) county jail and county behavioral health early-assessment resources needed for an
1065	individual convicted of a class A or class B misdemeanor; and
1066	(iii) the replacement of federal dollars associated with drug interdiction law
1067	enforcement task forces that are reduced;
1068	(j) establish performance goals and outcome measurements for a mental health or
1069	substance use treatment program that is licensed under Chapter 2, Part 1, Human
1070	Services Programs and Facilities, and contracts with the department, including goals
1071	and measurements related to employment and reducing recidivism of individuals
1072	receiving mental health or substance use treatment who are involved with the
1073	criminal justice system;
1074	(k) annually, on or before November 30, submit a written report to the Judiciary Interim
1075	Committee, the Health and Human Services Interim Committee, and the Law
1076	Enforcement and Criminal Justice Interim Committee, that includes:
1077	(i) a description of the performance goals and outcome measurements described in
1078	Subsection (2)(j); and
1079	(ii) information on the effectiveness of the goals and measurements in ensuring
1080	appropriate and adequate mental health or substance use treatment is provided in a
1081	treatment program described in Subsection (2)(j);
1082	(l) collaborate with the Administrative Office of the Courts, the Department of

1083 Corrections, the Department of Workforce Services, and the Board of Pardons and 1084 Parole to collect data on recidivism in accordance with the metrics and requirements 1085 described in Section 63M-7-102; 1086 (m) at the division's discretion, use the data described in Subsection (2)(1) to make 1087 decisions regarding the use of funds allocated to the division to provide treatment; 1088 (n) annually, on or before August 31, submit the data collected under Subsection (2)(1) 1089 and any recommendations to improve the data collection to the State Commission on 1090 Criminal and Juvenile Justice to be included in the report described in Subsection 1091 63M-7-204(1)(x); 1092 (o) publish the following on the division's website: 1093 (i) the performance goals and outcome measurements described in Subsection (2)(j); 1094 and 1095 (ii) a description of the services provided and the contact information for the mental 1096 health and substance use treatment programs described in Subsection (2)(j) and 1097 residential, vocational and life skills programs, as defined in Section 13-53-102; 1098 and 1099 (p) consult and coordinate with the Division of Child and Family Services to develop 1100 and manage the operation of a program designed to reduce substance use during 1101 pregnancy and by parents of a newborn child that includes: 1102 (i) providing education and resources to health care providers and individuals in the 1103 state regarding prevention of substance use during pregnancy; 1104 (ii) providing training to health care providers in the state regarding screening of a 1105 pregnant woman or pregnant minor to identify a substance use disorder; and 1106 (iii) providing referrals to pregnant women, pregnant minors, or parents of a newborn 1107 child in need of substance use treatment services to a facility that has the capacity 1108 to provide the treatment services. 1109 (3) In addition to the responsibilities described in Subsection (2), the division shall, within 1110 funds appropriated by the Legislature for this purpose, implement and manage the 1111 operation of a firearm safety and suicide prevention program, in consultation with the 1112 Bureau of Criminal Identification created in Section 53-10-201, including: 1113 (a) coordinating with local mental health and substance abuse authorities, a nonprofit 1114 behavioral health advocacy group, and a representative from a Utah-based nonprofit 1115 organization with expertise in the field of firearm use and safety that represents 1116 firearm owners, to:

1117	(i) produce and periodically review and update a firearm safety brochure and other
1118	educational materials with information about the safe handling and use of firearms
1119	that includes:
1120	(A) information on safe handling, storage, and use of firearms in a home
1121	environment;
1122	(B) information about at-risk individuals and individuals who are legally
1123	prohibited from possessing firearms;
1124	(C) information about suicide prevention awareness; and
1125	(D) information about the availability of firearm safety packets;
1126	(ii) procure cable-style gun locks for distribution under this section;
1127	(iii) produce a firearm safety packet that includes the firearm safety brochure and the
1128	cable-style gun lock described in this Subsection (3); and
1129	(iv) create a suicide prevention education course that:
1130	(A) provides information for distribution regarding firearm safety education;
1131	(B) incorporates current information on how to recognize suicidal behaviors and
1132	identify individuals who may be suicidal; and
1133	(C) provides information regarding crisis intervention resources;
1134	(b) distributing, free of charge, the firearm safety packet to the following persons, who
1135	shall make the firearm safety packet available free of charge:
1136	(i) health care providers, including emergency rooms;
1137	(ii) mobile crisis outreach teams;
1138	(iii) mental health practitioners;
1139	(iv) other public health suicide prevention organizations;
1140	(v) entities that teach firearm safety courses;
1141	(vi) school districts for use in the seminar, described in Section 53G-9-702, for
1142	parents of students in the school district; and
1143	(vii) firearm dealers to be distributed in accordance with Section 76-10-526;
1144	(c) creating and administering a rebate program that includes a rebate that offers
1145	between \$10 and \$200 off the purchase price of a firearm safe from a participating
1146	firearms dealer or a person engaged in the business of selling firearm safes in Utah,
1147	by a Utah resident; and
1148	(d) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
1149	making rules that establish procedures for:
1150	(i) producing and distributing the suicide prevention education course and the firearm

1151		safety brochures and packets;
1152		(ii) procuring the cable-style gun locks for distribution; and
1153		(iii) administering the rebate program[; and] .
1154		[(e) reporting to the Health and Human Services Interim Committee regarding
1155		implementation and success of the firearm safety program and suicide prevention
1156		education course at or before the November meeting each year.]
1157	(4)	(a) The division may refuse to contract with and may pursue legal remedies against
1158		any local substance abuse authority or local mental health authority that fails, or has
1159		failed, to expend public funds in accordance with state law, division policy, contract
1160		provisions, or directives issued in accordance with state law.
1161		(b) The division may withhold funds from a local substance abuse authority or local
1162		mental health authority if the authority's contract provider of substance use or mental
1163		health programs or services fails to comply with state and federal law or policy.
1164	(5)	(a) Before reissuing or renewing a contract with any local substance abuse authority
1165		or local mental health authority, the division shall review and determine whether the
1166		local substance abuse authority or local mental health authority is complying with the
1167		oversight and management responsibilities described in Sections 17-43-201,
1168		17-43-203, 17-43-303, and 17-43-309.
1169		(b) Nothing in this Subsection (5) may be used as a defense to the responsibility and
1170		liability described in Section 17-43-303 and to the responsibility and liability
1171		described in Section 17-43-203.
1172	(6)	In carrying out the division's duties and responsibilities, the division may not duplicate
1173		treatment or educational facilities that exist in other divisions or departments of the state,
1174		but shall work in conjunction with those divisions and departments in rendering the
1175		treatment or educational services that those divisions and departments are competent and
1176		able to provide.
1177	(7)	The division may accept in the name of and on behalf of the state donations, gifts,
1178		devises, or bequests of real or personal property or services to be used as specified by
1179		the donor.
1180	(8)	The division shall annually review with each local substance abuse authority and each
1181		local mental health authority the authority's statutory and contract responsibilities
1182		regarding:
1183		(a) use of public funds;
1184		(b) oversight of public funds; and

1185	(c) governance of substance use disorder and mental health programs and services.
1186	(9) The Legislature may refuse to appropriate funds to the division upon the division's
1187	failure to comply with the provisions of this part.
1188	(10) If a local substance abuse authority contacts the division under Subsection 17-43-201
1189	(10) for assistance in providing treatment services to a pregnant woman or pregnant
1190	minor, the division shall:
1191	(a) refer the pregnant woman or pregnant minor to a treatment facility that has the
1192	capacity to provide the treatment services; or
1193	(b) otherwise ensure that treatment services are made available to the pregnant woman
1194	or pregnant minor.
1195	(11) The division shall employ a school-based mental health specialist to be housed at the
1196	State Board of Education who shall work with the State Board of Education to:
1197	(a) provide coordination between a local education agency and local mental health
1198	authority;
1199	(b) recommend evidence-based and evidence informed mental health screenings and
1200	intervention assessments for a local education agency; and
1201	(c) coordinate with the local community, including local departments of health, to
1202	enhance and expand mental health related resources for a local education agency.
1203	Section 17. Section 26B-5-110 is amended to read:
1204	26B-5-110 (Effective 05/01/24). Suicide Prevention Education Program
1205	Definitions Grant requirements.
1206	(1) As used in this section, "bureau" means the Bureau of Criminal Identification created in
1207	Section 53-10-201 within the Department of Public Safety.
1208	(2) There is created a Suicide Prevention Education Program to fund suicide prevention
1209	education opportunities for federally licensed firearms dealers who operate a retail
1210	establishment open to the public and the dealers' employees.
1211	(3) The division, in conjunction with the bureau, shall provide a grant to an employer
1212	described in Subsection (2) in accordance with the criteria provided in Subsection [
1213	26B-5-611(8)(b)] <u>26B-5-611(7)(b)</u> .
1214	(4) An employer may apply for a grant of up to \$2,500 under the program.
1215	Section 18. Section 26B-5-114 is amended to read:
1216	26B-5-114 (Effective 05/01/24). Behavioral Health Receiving Center Grant
1217	Program.
1218	(1) As used in this section:

1219	(a	Behavioral health receiving center" means a 23-hour nonsecure program or facility
1220		that is responsible for, and provides mental health crisis services to, an individual
1221		experiencing a mental health crisis.
1222	(b) "Commission" means the Behavioral Health Crisis Response Commission
1223		established in Section 63C-18-202.
1224	(c	e) "Project" means a behavioral health receiving center project described in Subsection
1225		(2) or (3)(a).
1226	(2) B	efore July 1, 2020, the division shall issue a request for proposals in accordance with
1227	th	is section to award a grant to one or more counties of the first or second class, as
1228	cl	assified in Section 17-50-501, to develop and implement a behavioral health receiving
1229	ce	enter.
1230	(3) (a	Before July 1, 2023, the division shall issue a request for proposals in accordance
1231	W	ith this section to award a grant to one county of the third class, as classified in
1232	Se	ection 17-50- 501, to develop and implement a behavioral health receiving center.
1233	(b	Subject to appropriations by the Legislature, the division shall award grants under
1234		this Subsection (3) before December 31, 2023.
1235	(c	r) The commission shall provide recommendations to the division regarding the
1236		development and implementation of a behavioral health receiving center.
1237	(4) T	he purpose of a project is to:
1238	(a) increase access to mental health crisis services for individuals in the state who are
1239		experiencing a mental health crisis; and
1240	(b	e) reduce the number of individuals in the state who are incarcerated or in a hospital
1241		emergency room while experiencing a mental health crisis.
1242	(5) A	n application for a grant under this section shall:
1243	(a) identify the population to which the behavioral health receiving center will provide
1244		mental health crisis services;
1245	(b	o) identify the type of mental health crisis services the behavioral health receiving
1246		center will provide;
1247	(c	e) explain how the population described in Subsection (5)(a) will benefit from the
1248		provision of mental health crisis services;
1249	(d	l) provide details regarding:
1250		(i) how the proposed project plans to provide mental health crisis services;
1251		(ii) how the proposed project will ensure that consideration is given to the capacity of
1252		the behavioral health receiving center;

1253	(iii) how the proposed project will ensure timely and effective provision of mental
1254	health crisis services;
1255	(iv) the cost of the proposed project;
1256	(v) any existing or planned contracts or partnerships between the applicant and other
1257	individuals or entities to develop and implement the proposed project;
1258	(vi) any plan to use funding sources in addition to a grant under this section for the
1259	proposed project;
1260	(vii) the sustainability of the proposed project; and
1261	(viii) the methods the proposed project will use to:
1262	(A) protect the privacy of each individual who receives mental health crisis
1263	services from the behavioral health receiving center;
1264	(B) collect nonidentifying data relating to the proposed project; and
1265	(C) provide transparency on the costs and operation of the proposed project; and
1266	(e) provide other information requested by the division to ensure that the proposed
1267	project satisfies the criteria described in Subsection (7).
1268	(6) A recipient of a grant under this section shall enroll as a Medicaid provider and meet
1269	minimum standards of care for behavioral health receiving centers established by the
1270	division.
1271	(7) In evaluating an application for the grant, the division shall consider:
1272	(a) the extent to which the proposed project will fulfill the purposes described in
1273	Subsection (4);
1274	(b) the extent to which the population described in Subsection (5)(a) is likely to benefit
1275	from the proposed project;
1276	(c) the cost of the proposed project;
1277	(d) the extent to which any existing or planned contracts or partnerships between the
1278	applicant and other individuals or entities to develop and implement the project, or
1279	additional funding sources available to the applicant for the proposed project, are
1280	likely to benefit the proposed project; and
1281	(e) the viability and innovation of the proposed project.
1282	[(8) Before June 30, 2023, the division shall report to the Health and Human Services
1283	Interim Committee regarding:]
1284	[(a) data gathered in relation to each project described in Subsection (2);]
1285	[(b) knowledge gained relating to the provision of mental health crisis services in a
1286	behavioral health receiving center;]

1287	[(c) recommendations for the future use of mental health crisis services in behavioral
1288	health receiving centers;]
1289	[(d) obstacles encountered in the provision of mental health crisis services in a behavioral
1290	health receiving center; and]
1291	[(e) recommendations for appropriate Medicaid reimbursement for rural behavioral health
1292	receiving centers.]
1293	[(9)] (8) (a) In consultation with the commission, the division shall make rules, in
1294	accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, for the
1295	application and award of a grant under this section.
1296	(b) (i) The rules created under Subsection [(9)(a)] (8)(a) shall:
1297	(A) implement a funding structure for a behavioral health receiving center
1298	developed using a grant awarded under this section;
1299	(B) include implementation standards and minimum program requirements for a
1300	behavioral health receiving center developed using a grant awarded under this
1301	section, including minimum guidelines and standards of care, and minimum
1302	staffing requirements; and
1303	(C) require a behavioral health receiving center developed using a grant awarded
1304	under this section to operate 24 hours per day, seven days per week, and every
1305	day of the year.
1306	(ii) The funding structure described in Subsection $[(9)(b)(i)(A)]$ $(8)(b)(i)(A)$ shall
1307	provide for tiers and phases of shared funding coverage between the state and
1308	counties.
1309	[(10)] (9) Before June 30, 2024, the division shall report to the Health and Human Services
1310	Interim Committee regarding:
1311	(a) grants awarded under Subsection (3)(a); and
1312	(b) the details of each project described in Subsection (3)(a).
1313	[(11)] (10) Before June 30, 2026, the division shall provide a report to the Health and
1314	Human Services Interim Committee that includes[: (a)] data gathered in relation to each
1315	project described in Subsection (3)(a)[; and] .
1316	[(b) an update on the items described in Subsections (8)(b) through (d).]
1317	Section 19. Section 26B-5-116 is amended to read:
1318	26B-5-116 (Effective 05/01/24). Suicide prevention technical assistance program.
1319	(1) As used in this section, "technical assistance" means training for the prevention of
1320	suicide

1321	(2) (a) Before July 1, 2021, and each subsequent July 1, the division shall solicit
1322	applications from health care organizations to receive technical assistance provided
1323	by the division.
1324	(b) The division shall approve at least one but not more than six applications each year
1325	(c) The division shall determine which applicants receive the technical assistance before
1326	December 31 of each year.
1327	(3) An application for technical assistance under this section shall:
1328	(a) identify the population to whom the health care organization will provide suicide
1329	prevention services;
1330	(b) identify how the health care organization plans to implement the skills and
1331	knowledge gained from the technical assistance;
1332	(c) identify the health care organization's current resources used for the prevention of
1333	suicide;
1334	(d) explain how the population described in Subsection (3)(a) will benefit from the
1335	health care organization receiving technical assistance;
1336	(e) provide details regarding:
1337	(i) how the health care organization will provide timely and effective suicide
1338	prevention services;
1339	(ii) any existing or planned contracts or partnerships between the health care
1340	organization and other persons that are related to suicide prevention; and
1341	(iii) the methods the health care organization will use to:
1342	(A) protect the privacy of each individual to whom the health care organization
1343	provides suicide prevention services; and
1344	(B) collect non-identifying data; and
1345	(f) provide other information requested by the division for the division to evaluate the
1346	application.
1347	(4) In evaluating an application for technical assistance, the division shall consider:
1348	(a) the extent to which providing technical assistance to the health care organization was
1349	fulfill the purpose of preventing suicides in the state;
1350	(b) the extent to which the population described in Subsection (3)(a) is likely to benefit
1351	from the health care organization receiving the technical assistance;
1352	(c) the cost of providing the technical assistance to the health care organization; and
1353	(d) the extent to which any of the following are likely to benefit the heath care
1354	organization's ability to assist in preventing suicides in the state:

1355	(i) existing or planned contracts or partnerships between the applicant and other
1356	persons to develop and implement other initiatives; or
1357	(ii) additional funding sources available to the applicant for suicide prevention
1358	services.
1359	[(5) Before June 30, 2022, and each subsequent June 30, the division shall submit a written
1360	report to the Health and Human Services Interim Committee regarding each health care
1361	organization the division provided technical assistance to in the preceding year under
1362	this section.]
1363	[(6) Before June 30, 2024, the division shall submit a written report to the Health and
1364	Human Services Interim Committee regarding:]
1365	[(a) data gathered in relation to providing technical assistance to a health care organization;]
1366	[(b) knowledge gained relating to providing technical assistance;]
1367	[(c) recommendations for the future regarding how the state can better prevent suicides; and]
1368	[(d) obstacles encountered when providing technical assistance.]
1369	Section 20. Section 26B-5-611 is amended to read:
1370	26B-5-611 (Effective 05/01/24). Suicide prevention Reporting requirements.
1371	(1) As used in this section:
1372	(a) "Advisory Council" means the Utah Substance Use and Mental Health Advisory
1373	Council created in Section 63M-7-301.
1374	(b) "Bureau" means the Bureau of Criminal Identification created in Section 53-10-201
1375	within the Department of Public Safety.
1376	(c) "Coalition" means the Statewide Suicide Prevention Coalition created under
1377	Subsection (3).
1378	(d) "Coordinator" means the state suicide prevention coordinator appointed under
1379	Subsection (2).
1380	(e) "Fund" means the Governor's Suicide Prevention Fund created in Section 26B-1-325.
1381	(f) "Intervention" means an effort to prevent a person from attempting suicide.
1382	(g) "Legal intervention" means an incident in which an individual is shot by another
1383	individual who has legal authority to use deadly force.
1384	(h) "Postvention" means intervention after a suicide attempt or a suicide death to reduce
1385	risk and promote healing.
1386	(i) "Shooter" means an individual who uses a gun in an act that results in the death of the
1387	actor or another individual, whether the act was a suicide, homicide, legal
1388	intervention, act of self-defense, or accident.

1389	(2)	The division shall appoint a state suicide prevention coordinator to administer a state
1390		suicide prevention program composed of suicide prevention, intervention, and
1391		postvention programs, services, and efforts.
1392	(3)	The coordinator shall:
1393		(a) establish a Statewide Suicide Prevention Coalition with membership from public and
1394		private organizations and Utah citizens; and
1395		(b) appoint a chair and co-chair from among the membership of the coalition to lead the
1396		coalition.
1397	(4)	The state suicide prevention program may include the following components:
1398		(a) delivery of resources, tools, and training to community-based coalitions;
1399		(b) evidence-based suicide risk assessment tools and training;
1400		(c) town hall meetings for building community-based suicide prevention strategies;
1401		(d) suicide prevention gatekeeper training;
1402		(e) training to identify warning signs and to manage an at-risk individual's crisis;
1403		(f) evidence-based intervention training;
1404		(g) intervention skills training;
1405		(h) postvention training; or
1406		(i) a public education campaign to improve public awareness about warning signs of
1407		suicide and suicide prevention resources.
1408	(5)	The coordinator shall coordinate with the following to gather statistics, among other
1409		duties:
1410		(a) local mental health and substance abuse authorities;
1411		(b) the State Board of Education, including the public education suicide prevention
1412		coordinator described in Section 53G-9-702;
1413		(c) applicable divisions and offices within the department;
1414		(d) health care providers, including emergency rooms;
1415		(e) federal agencies, including the Federal Bureau of Investigation;
1416		(f) other unbiased sources; and
1417		(g) other public health suicide prevention efforts.
1418	[(6	The coordinator shall provide a written report to the Health and Human Services
1419		Interim Committee, at or before the October meeting every year, on:]
1420		[(a) implementation of the state suicide prevention program, as described in Subsections
1421		(2) and (4);]
1422		(b) data measuring the effectiveness of each component of the state suicide prevention

1423	program;]
1424	[(e) funds appropriated for each component of the state suicide prevention program; and]
1425	[(d) five-year trends of suicides in Utah, including subgroups of youths and adults and
1426	other subgroups identified by the state suicide prevention coordinator.]
1427	[(7)] (6) The coordinator shall, in consultation with the bureau, implement and manage the
1428	operation of the firearm safety program described in Subsection 26B-5-102(3).
1429	[(8)] (7) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
1430	division shall make rules:
1431	(a) governing the implementation of the state suicide prevention program, consistent
1432	with this section; and
1433	(b) in conjunction with the bureau, defining the criteria for employers to apply for grants
1434	under the Suicide Prevention Education Program described in Section 26B-5-110,
1435	which shall include:
1436	(i) attendance at the suicide prevention education course described in Subsection
1437	26B-5-102(3); and
1438	(ii) distribution of the firearm safety brochures or packets created in Subsection
1439	26B-5-102(3), but does not require the distribution of a cable-style gun lock with a
1440	firearm if the firearm already has a trigger lock or comparable safety mechanism.
1441	[(9)] (8) As funding by the Legislature allows, the coordinator shall award grants, not to
1442	exceed a total of \$100,000 per fiscal year, to suicide prevention programs that focus on
1443	the needs of children who have been served by the Division of Juvenile Justice and
1444	Youth Services.
1445	[(10)] (9) The coordinator and the coalition shall submit to the advisory council, no later
1446	than October 1 each year, a written report detailing the previous fiscal year's activities to
1447	fund, implement, and evaluate suicide prevention activities described in this section.
1448	Section 21. Section 26B-6-304 is amended to read:
1449	26B-6-304 (Effective 05/01/24). Powers and duties of the office.
1450	(1) The office shall:
1451	(a) develop and operate a statewide program to:
1452	(i) educate the public about the role and function of guardians and conservators;
1453	(ii) educate guardians and conservators on:
1454	(A) the duties of a guardian and a conservator; and
1455	(B) standards set by the National Guardianship Association for guardians and
1456	conservators; and

145/		(111) serve as a guardian, conservator, or both for a ward upon appointment by a court
1458		when no other person is able and willing to do so and the office petitioned for or
1459		agreed in advance to the appointment;
1460	(b)	possess and exercise all the powers and duties specifically given to the office by
1461		virtue of being appointed as guardian or conservator of a ward, including the power
1462		to access a ward's records;
1463	(c)	review and monitor the personal and, if appropriate, financial status of each ward for
1464		whom the office has been appointed to serve as guardian or conservator;
1465	(d)	train and monitor each employee and volunteer, and monitor each contract provider
1466		to whom the office has delegated a responsibility for a ward;
1467	(e)	retain all court-delegated powers and duties for a ward;
1468	(f)	report on the personal and financial status of a ward as required by a court in
1469		accordance with Title 75, Chapter 5, Protection of Persons Under Disability and
1470		Their Property;
1471	(g)	handle a ward's funds in accordance with the department's trust account system;
1472	(h)	request that the department's audit plan, established pursuant to Section 63I-5-401,
1473		include the requirement of an annual audit of all funds and property held by the office
1474		on behalf of wards;
1475	(i)	maintain accurate records concerning each ward, the ward's property, and office
1476		services provided to the ward;
1477	(j)	make reasonable and continuous efforts to find a family member, friend, or other
1478		person to serve as a ward's guardian or conservator; and
1479	(k)	after termination as guardian or conservator, distribute a ward's property in
1480		accordance with Title 75, Chapter 5, Protection of Persons Under Disability and
1481		Their Property[; and] .
1482	[(1)	submit recommendations for changes in state law and funding to the governor and
1483		the Legislature and report to the governor and Legislature, upon request.]
1484	(2) Th	e office may:
1485	(a)	petition a court pursuant to Title 75, Chapter 5, Protection of Persons Under
1486		Disability and Their Property, to be appointed an incapacitated person's guardian,
1487		conservator, or both after conducting a prepetition assessment under Section
1488		26B-6-305;
1489	(b)	develop and operate a statewide program to recruit, train, supervise, and monitor
1490		volunteers to assist the office in providing guardian and conservator services;

1491	(c) delegate one or more responsibilities for a ward to an employee, volunteer, or
1492	contract provider, except as provided in Subsection 26B-6-305(1);
1493	(d) solicit and receive private donations to provide guardian and conservator services
1494	under this part; and
1495	(e) adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative
1496	Rulemaking Act, to:
1497	(i) effectuate policy; and
1498	(ii) carry out the office's role as guardian and conservator of wards as provided in thi
1499	chapter.
1500	Section 22. Section 26B-6-703 is amended to read:
1501	26B-6-703 (Effective 05/01/24). Powers and duties of ombudsman.
1502	The ombudsman shall:
1503	(1) develop and maintain expertise in laws and policies governing the rights and privileges
1504	of an individual with a disability;
1505	(2) provide training and information to private citizens, civic groups, governmental entities,
1506	and other interested parties across the state regarding:
1507	(a) the role and duties of the ombudsman;
1508	(b) the rights and privileges of an individual with a disability; and
1509	(c) services available in the state to an individual with a disability;
1510	(3) develop a website to provide the information described in Subsection (2) in a form that
1511	is easily accessible;
1512	(4) receive, process, and investigate complaints in accordance with this part;
1513	(5) review periodically the procedures of state entities that serve individuals with a
1514	disability;
1515	(6) cooperate and coordinate with governmental entities and other organizations in the
1516	community in exercising the duties under this section, including the long-term care
1517	ombudsman program, created in Section 26B-2-303, and the child protection
1518	ombudsman, appointed under Section 80-2-1104, when there is overlap between the
1519	responsibilities of the ombudsman and the long-term care ombudsman program or the
1520	child protection ombudsman;
1521	(7) as appropriate, make recommendations to the division regarding rules to be made in
1522	accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that the
1523	ombudsman considers necessary to carry out the ombudsman's duties under this part; and
1524	[(8) submit annually, by July 1, to the Health and Human Services Interim Committee, a

1525	report describing:
1526	[(a) the work of the ombudsman; and]
1527	[(b) any recommendations for statutory changes to improve the effectiveness of the
1528	ombudsman in performing the duties under this section; and]
1529	[(9)] (8) perform other duties required by law.
1530	Section 23. Section 26B-7-117 is amended to read:
1531	26B-7-117 (Effective 05/01/24). Syringe exchange and education.
1532	(1) The following may operate a syringe exchange program in the state to prevent the
1533	transmission of disease and reduce morbidity and mortality among individuals who
1534	inject drugs, and those individuals' contacts:
1535	(a) a government entity, including:
1536	(i) the department;
1537	(ii) a local health department; or
1538	(iii) a local substance abuse authority, as defined in Section 26B-5-101;
1539	(b) a nongovernment entity, including:
1540	(i) a nonprofit organization; or
1541	(ii) a for-profit organization; or
1542	(c) any other entity that complies with Subsections (2) and [(4)] (3).
1543	(2) An entity operating a syringe exchange program in the state shall:
1544	(a) facilitate the exchange of an individual's used syringe for one or more new syringes
1545	in sealed sterile packages;
1546	(b) ensure that a recipient of a new syringe is given verbal and written instruction on:
1547	(i) methods for preventing the transmission of blood-borne diseases, including
1548	hepatitis C and human immunodeficiency virus; and
1549	(ii) options for obtaining:
1550	(A) services for the treatment of a substance use disorder;
1551	(B) testing for a blood-borne disease; and
1552	(C) an opiate antagonist; and
1553	(c) report annually to the department the following information about the program's
1554	activities:
1555	(i) the number of individuals who have exchanged syringes;
1556	(ii) the number of used syringes exchanged for new syringes; and
1557	(iii) the number of new syringes provided in exchange for used syringes.
1558	(3) No later than October 1, 2017, and every two years thereafter, the department shall

1559	report to the Legislature's Health and Human Services Interim Committee on:]
1560	[(a) the activities and outcomes of syringe programs operating in the state, including:]
1561	[(i) the number of individuals who have exchanged syringes;]
1562	[(ii) the number of used syringes exchanged for new syringes;]
1563	[(iii) the number of new syringes provided in exchange for used syringes;]
1564	[(iv) the impact of the programs on blood-borne infection rates; and]
1565	[(v) the impact of the programs on the number of individuals receiving treatment for a
1566	substance use disorder;]
1567	[(b) the potential for additional reductions in the number of syringes contaminated with
1568	blood-borne disease if the programs receive additional funding;
1569	[(c) the potential for additional reductions in state and local government spending if the
1570	programs receive additional funding;]
1571	[(d) whether the programs promote illicit use of drugs; and]
1572	[(e) whether the programs should be continued, continued with modifications, or
1573	terminated.]
1574	[(4)] (3) The department shall make rules, in accordance with Title 63G, Chapter 3, Utah
1575	Administrative Rulemaking Act, specifying how and when an entity operating a syringe
1576	exchange program shall make the report required by Subsection (2)(c).
1577	Section 24. Section 26B-7-119 is amended to read:
1578	26B-7-119 (Effective 05/01/24). Hepatitis C Outreach Pilot Program.
1579	(1) As used in this section, "Hepatitis C outreach organization" means a private nonprofit
1580	organization that:
1581	(a) has an established relationship with individuals who are at risk of acquiring acute
1582	Hepatitis C;
1583	(b) helps individuals who need Hepatitis C treatment, but who do not qualify for
1584	payment of the treatment by the Medicaid program or another health insurer, to
1585	obtain treatment;
1586	(c) has the infrastructure necessary for conducting Hepatitis C assessment, testing, and
1587	diagnosis, including clinical staff with the training and ability to provide:
1588	(i) specimen collection for Hepatitis C testing;
1589	(ii) clinical assessments;
1590	(iii) consultation regarding blood-borne diseases; and
1591	(iv) case management services for patient support during Hepatitis C treatment; or
1592	(d) has a partnership with a health care facility that can provide clinical follow-up and

1593	medical treatment following Hepatitis C rapid antibody testing and confirmatory
1594	testing.
1595	(2) There is created within the department the Hepatitis C Outreach Pilot Program.
1596	(3) Before September 1, 2020, the department shall, as funding permits, make grants to
1597	Hepatitis C outreach organizations in accordance with criteria established by the
1598	department under Subsection (4).
1599	(4) Before July 1, 2020, the department shall make rules, in accordance with Title 63G,
1600	Chapter 3, Utah Administrative Rulemaking Act, to:
1601	(a) create application requirements for a grant from the program;
1602	(b) establish criteria for determining:
1603	(i) whether a grant is awarded, including criteria that ensure grants are awarded to
1604	areas of the state, including rural areas, that would benefit most from the grant; and
1605	(ii) the amount of a grant; and
1606	(c) specify reporting requirements for the recipient of a grant under this section.
1607	[(5) Before October 1, 2021, and before October 1 every year thereafter, the department
1608	shall submit a report to the Health and Human Services Interim Committee and the
1609	Social Services Appropriations Subcommittee on the outcomes of the Hepatitis C
1610	Outreach Pilot Program.]
1611	Section 25. Section 26B-8-504 is amended to read:
1612	26B-8-504 (Effective 05/01/24). Health care cost and reimbursement data.
1613	(1) The committee shall, as funding is available:
1614	(a) establish a plan for collecting data from data suppliers to determine measurements of
1615	cost and reimbursements for risk-adjusted episodes of health care;
1616	(b) share data regarding insurance claims and an individual's and small employer group's
1617	health risk factor and characteristics of insurance arrangements that affect claims and
1618	usage with the Insurance Department, only to the extent necessary for:
1619	(i) risk adjusting; and
1620	(ii) the review and analysis of health insurers' premiums and rate filings; [and]
1621	(c) assist the Legislature and the public with awareness of, and the promotion of,
1622	transparency in the health care market by reporting on:
1623	(i) geographic variances in medical care and costs as demonstrated by data available
1624	to the committee; and
1625	(ii) rate and price increases by health care providers:
1626	(A) that exceed the Consumer Price Index - Medical as provided by the United

1627	States Bureau of Labor Statistics;
1628	(B) as calculated yearly from June to June; and
1629	(C) as demonstrated by data available to the committee;
1630	(d) provide on at least a monthly basis, enrollment data collected by the committee to a
1631	not-for-profit, broad-based coalition of state health care insurers and health care
1632	providers that are involved in the standardized electronic exchange of health data as
1633	described in Section 31A-22-614.5, to the extent necessary:
1634	(i) for the department or the [Medicaid Office of the Inspector General] Office of
1635	Inspector General of Medicaid Services to determine insurance enrollment of an
1636	individual for the purpose of determining Medicaid third party liability;
1637	(ii) for an insurer that is a data supplier, to determine insurance enrollment of an
1638	individual for the purpose of coordination of health care benefits; and
1639	(iii) for a health care provider, to determine insurance enrollment for a patient for the
1640	purpose of claims submission by the health care provider;
1641	(e) coordinate with the State Emergency Medical Services Committee to publish data
1642	regarding air ambulance charges under Section 26B-4-106; and
1643	(f) share data collected under this part with the state auditor for use in the health care
1644	price transparency tool described in Section 67-3-11[; and] .
1645	[(g) publish annually a report on primary care spending within Utah.]
1646	(2) A data supplier is not liable for a breach of or unlawful disclosure of the data caused by
1647	an entity that obtains data in accordance with Subsection (1).
1648	(3) The plan adopted under Subsection (1) shall include:
1649	(a) the type of data that will be collected;
1650	(b) how the data will be evaluated;
1651	(c) how the data will be used;
1652	(d) the extent to which, and how the data will be protected; and
1653	(e) who will have access to the data.
1654	Section 26. Section 63C-18-203 is amended to read:
1655	63C-18-203 (Effective 05/01/24). Commission duties Reporting requirements.
1656	(1) The commission shall:
1657	(a) identify a method to integrate existing local mental health crisis lines to ensure each
1658	individual who accesses a local mental health crisis line is connected to a qualified
1659	mental or behavioral health professional, regardless of the time, date, or number of
1660	individuals trying to simultaneously access the local mental health crisis line;

1661	(b) study how to establish and implement a statewide mental health crisis line and a
1662	statewide warm line, including identifying:
1663	(i) a statewide phone number or other means for an individual to easily access the
1664	statewide mental health crisis line, including a short code for text messaging and a
1665	three-digit number for calls;
1666	(ii) a statewide phone number or other means for an individual to easily access the
1667	statewide warm line, including a short code for text messaging and a three-digit
1668	number for calls;
1669	(iii) a supply of:
1670	(A) qualified mental or behavioral health professionals to staff the statewide
1671	mental health crisis line; and
1672	(B) qualified mental or behavioral health professionals or certified peer support
1673	specialists to staff the statewide warm line; and
1674	(iv) a funding mechanism to operate and maintain the statewide mental health crisis
1675	line and the statewide warm line;
1676	(c) coordinate with local mental health authorities in fulfilling the commission's duties
1677	described in Subsections (1)(a) and (b);
1678	(d) recommend standards for the certifications described in Section 26B-5-610; and
1679	(e) coordinate services provided by local mental health crisis lines and mobile crisis
1680	outreach teams, as defined in Section 62A-15-1401.
1681	(2) The commission shall study and make recommendations regarding:
1682	(a) crisis line practices and needs, including:
1683	(i) quality and timeliness of service;
1684	(ii) service volume projections;
1685	(iii) a statewide assessment of crisis line staffing needs, including required
1686	certifications; and
1687	(iv) a statewide assessment of technology needs;
1688	(b) primary duties performed by crisis line workers;
1689	(c) coordination or redistribution of secondary duties performed by crisis line workers,
1690	including responding to non-emergency calls;
1691	(d) operating the statewide 988 hotline:
1692	(i) in accordance with federal law;
1693	(ii) to ensure the efficient and effective routing of calls to an appropriate crisis center;
1694	and

1695	(iii) to directly respond to calls with trained personnel and the provision of acute
1696	mental health, crisis outreach, and stabilization services;
1697	(e) opportunities to increase operational and technological efficiencies and effectiveness
1698	between 988 and 911, utilizing current technology;
1699	(f) needs for interoperability partnerships and policies related to 911 call transfers and
1700	public safety responses;
1701	(g) standards for statewide mobile crisis outreach teams, including:
1702	(i) current models and projected needs;
1703	(ii) quality and timeliness of service;
1704	(iii) hospital and jail diversions; and
1705	(iv) staffing and certification;
1706	(h) resource centers, including:
1707	(i) current models and projected needs; and
1708	(ii) quality and timeliness of service;
1709	(i) policy considerations related to whether the state should:
1710	(i) manage, operate, and pay for a complete behavioral health system; or
1711	(ii) create partnerships with private industry; and
1712	(j) sustainable funding source alternatives, including:
1713	(i) charging a 988 fee, including a recommendation on the fee amount;
1714	(ii) General Fund appropriations;
1715	(iii) other government funding options;
1716	(iv) private funding sources;
1717	(v) grants;
1718	(vi) insurance partnerships, including coverage for support and treatment after initial
1719	call and triage; and
1720	(vii) other funding resources.
1721	(3) The commission may conduct other business related to the commission's duties
1722	described in this section.
1723	(4) The commission shall consult with the Office of Substance Use and Mental Health
1724	regarding:
1725	(a) the standards and operation of the statewide mental health crisis line and the
1726	statewide warm line, in accordance with Section 26B-5-610; and
1727	(b) the incorporation of the statewide mental health crisis line and the statewide warm
1728	line into behavioral health systems throughout the state.

- 1729 [(5) Beginning in 2023, by no later than the last interim meeting of the Health and Human
- 1730 Services Interim Committee each year, the commission shall report to the Health and
- Human Services Interim Committee on the matters described in Subsections (1) and (2),
- including any recommendations, legislation proposals, and opportunities for behavioral
- health crisis response system improvement.
- 1734 Section 27. Section **63I-1-226** is amended to read:
- 1735 63I-1-226 (Effective 05/01/24) (Superseded 07/01/24). Repeal dates: Titles 26A
- 1736 **through 26B.**
- 1737 (1) Subsection 26B-1-204(2)(i), related to the Primary Care Grant Committee, is repealed
- 1738 July 1, 2025.
- 1739 (2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1,
- 1740 2024.
- 1741 (3) Section 26B-1-319, which creates the Neuro-Rehabilitation Fund, is repealed January 1,
- 1742 2025.
- 1743 (4) Section 26B-1-320, which creates the Pediatric Neuro-Rehabilitation Fund, is repealed
- 1744 January 1, 2025.
- 1745 [(5) Subsection 26B-1-324(4), the language that states "the Behavioral Health Crisis
- 1746 Response Commission, as defined in Section 63C-18-202," is repealed December 31,
- 1747 2026.]
- 1748 [(6) Subsection 26B-1-329(6), related to the Behavioral Health Crisis Response
- 1749 Commission, is repealed December 31, 2026.
- 1750 [(7)] (5) Section 26B-1-402, related to the Rare Disease Advisory Council Grant Program, is
- 1751 repealed July 1, 2026.
- 1752 [(8)] (6) Section 26B-1-409, which creates the Utah Digital Health Service Commission, is
- 1753 repealed July 1, 2025.
- 1754 [(9)] (7) Section 26B-1-410, which creates the Primary Care Grant Committee, is repealed
- 1755 July 1, 2025.
- 1756 [(10)] (8) Section 26B-1-416, which creates the Utah Children's Health Insurance Program
- 1757 Advisory Council, is repealed July 1, 2025.
- 1758 [(11)] (9) Section 26B-1-417, which creates the Brain Injury Advisory Committee, is
- 1759 repealed July 1, 2025.
- 1760 [(12)] (10) Section 26B-1-418, which creates the Neuro-Rehabilitation Fund and Pediatric
- Neuro-Rehabilitation Fund Advisory Committee, is repealed January 1, 2025.
- 1762 [(13)] (11) Section 26B-1-422, which creates the Early Childhood Utah Advisory Council,

- is repealed July 1, 2029.
- 1764 [(14)] (12) Section 26B-1-428, which creates the Youth Electronic Cigarette, Marijuana, and
- Other Drug Prevention Program, is repealed July 1, 2025.
- 1766 [(15)] (13) Section 26B-1-430, which creates the Coordinating Council for Persons with
- Disabilities, is repealed July 1, 2027.
- 1768 [(16)] (14) Section 26B-1-431, which creates the Forensic Mental Health Coordinating
- 1769 Council, is repealed July 1, 2023.
- 1770 [(17)] (15) Section 26B-1-432, which creates the Newborn Hearing Screening Committee, is
- 1771 repealed July 1, 2026.
- 1772 [(18)] (16) Section 26B-1-434, regarding the Correctional Postnatal and Early Childhood
- 1773 Advisory Board, is repealed July 1, 2026.
- 1774 [(19)] (17) Section 26B-2-407, related to drinking water quality in child care centers, is
- 1775 repealed July 1, 2027.
- 1776 [(20)] (18) Subsection 26B-3-107(9), which addresses reimbursement for dental hygienists,
- 1777 is repealed July 1, 2028.
- 1778 [(21)] (19) Section 26B-3-136, which creates the Children's Health Care Coverage Program,
- is repealed July 1, 2025.
- 1780 [(22)] (20) Section 26B-3-137, related to reimbursement for the National Diabetes
- 1781 Prevention Program, is repealed June 30, 2027.
- 1782 [(23)] (21) Subsection 26B-3-213(2), the language that states "and the Behavioral Health
- 1783 Crisis Response Commission created in Section 63C-18-202" is repealed December 31,
- 1784 2026.
- 1785 [(24)] (22) Sections 26B-3-302 through 26B-3-309, regarding the Drug Utilization Review
- Board, are repealed July 1, 2027.
- 1787 [(25)] (23) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1,
- 1788 2024.
- 1789 [(26)] (24) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is
- 1790 repealed July 1, 2024.
- 1791 [(27)] (25) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,
- 1792 2028.
- 1793 [(28)] (26) Section 26B-3-910, regarding alternative eligibility, is repealed July 1, 2028.
- 1794 [(29)] (27) Section 26B-4-136, related to the Volunteer Emergency Medical Service
- 1795 Personnel Health Insurance Program, is repealed July 1, 2027.
- 1796 [(30)] (28) Section 26B-4-710, related to rural residency training programs, is repealed July

- 1797 1, 2025.
- 1798 [(31)] (29) 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.
- 1801 [(32)] (30) Section 26B-5-112.5 is repealed December 31, 2026.
- 1802 [(33)] (31) Section 26B-5-114, related to the Behavioral Health Receiving Center Grant
- 1803 Program, is repealed December 31, 2026.
- 1804 [(34)] (32) Section 26B-5-118, related to collaborative care grant programs, is repealed
- 1805 December 31, 2024.
- 1806 [(35)] (33) Section 26B-5-120 is repealed December 31, 2026.
- 1807 [(36)] (34) In relation to the Utah Assertive Community Treatment Act, on July 1, 2024:
- 1808 (a) Subsection 26B-5-606(2)(a)(i), the language that states "and" is repealed; and
- 1809 (b) Subsections 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c) are repealed.
- 1810 [(37)] (35) In relation to the Behavioral Health Crisis Response Commission, on December
- 1811 31, 2026:
- 1812 (a) Subsection 26B-5-609(1)(a) is repealed;
- 1813 (b) Subsection 26B-5-609(3)(a), the language that states "With recommendations from
- the commission," is repealed;
- 1815 (c) Subsection 26B-5-610(1)(b) is repealed;
- 1816 (d) Subsection 26B-5-610(2)(b), the language that states "and in consultation with the
- 1817 commission," is repealed; and
- (e) Subsection 26B-5-610(4), the language that states "In consultation with the
- 1819 commission," is repealed.
- 1820 $\left[\frac{(38)}{(36)}\right]$ (36) Subsections 26B-5-611(1)(a) and $\left[\frac{(10)}{(10)}\right]$ (8), in relation to the Utah Substance Use
- and Mental Health Advisory Council, are repealed January 1, 2033.
- 1822 [(39)] (37) Section 26B-5-612, related to integrated behavioral health care grant programs,
- is repealed December 31, 2025.
- 1824 [(40)] (38) [Subsection 26B-7-119(5)] Section 26B-7-119, related to [reports to the
- 1825 Legislature on the outcomes of the Hepatitis C Outreach Pilot Program, is repealed July
- 1826 1, 2028.
- 1827 [(41) Section 26B-7-224, related to reports to the Legislature on violent incidents and
- fatalities involving substance abuse, is repealed December 31, 2027.
- 1829 [(42)] (39) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1,
- 1830 2024.

1831 [(43)] (40) Section 26B-8-513, related to identifying overuse of non-evidence-based health

- care, is repealed December 31, 2023.
- Section 28. Section **63I-1-226** is amended to read:
- 1834 63I-1-226 (Effective 07/01/24). Repeal dates: Titles 26A through 26B.
- 1835 (1) Subsection 26B-1-204(2)(i), related to the Primary Care Grant Committee, is repealed
- 1836 July 1, 2025.
- 1837 (2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1,
- 1838 2024.
- 1839 (3) Section 26B-1-319, which creates the Neuro-Rehabilitation Fund, is repealed January 1,
- 1840 2025.
- 1841 (4) Section 26B-1-320, which creates the Pediatric Neuro-Rehabilitation Fund, is repealed
- 1842 January 1, 2025.
- 1843 [(5) Subsection 26B-1-324(4), the language that states "the Behavioral Health Crisis
- 1844 Response Commission, as defined in Section 63C-18-202," is repealed December 31,
- 1845 2026.]
- 1846 [(6) Subsection 26B-1-329(6), related to the Behavioral Health Crisis Response
- 1847 Commission, is repealed December 31, 2026.]
- 1848 [(7)] (5) Section 26B-1-402, related to the Rare Disease Advisory Council Grant Program, is
- 1849 repealed July 1, 2026.
- 1850 [(8)] (6) Section 26B-1-409, which creates the Utah Digital Health Service Commission, is
- 1851 repealed July 1, 2025.
- 1852 [(9)] (7) Section 26B-1-410, which creates the Primary Care Grant Committee, is repealed
- 1853 July 1, 2025.
- 1854 [(10)] (8) Section 26B-1-416, which creates the Utah Children's Health Insurance Program
- Advisory Council, is repealed July 1, 2025.
- 1856 [(11)] (9) Section 26B-1-417, which creates the Brain Injury Advisory Committee, is
- 1857 repealed July 1, 2025.
- 1858 [(12)] (10) Section 26B-1-418, which creates the Neuro-Rehabilitation Fund and Pediatric
- Neuro-Rehabilitation Fund Advisory Committee, is repealed January 1, 2025.
- 1860 [(13)] (11) Section 26B-1-422, which creates the Early Childhood Utah Advisory Council,
- is repealed July 1, 2029.
- 1862 [(14)] (12) Section 26B-1-428, which creates the Youth Electronic Cigarette, Marijuana, and
- Other Drug Prevention Program, is repealed July 1, 2025.
- 1864 [(15)] (13) Section 26B-1-430, which creates the Coordinating Council for Persons with

- Disabilities, is repealed July 1, 2027.
- 1866 [(16)] (14) Section 26B-1-431, which creates the Forensic Mental Health Coordinating
- 1867 Council, is repealed July 1, 2023.
- 1868 [(17)] (15) Section 26B-1-432, which creates the Newborn Hearing Screening Committee, is
- 1869 repealed July 1, 2026.
- 1870 [(18)] (16) Section 26B-1-434, regarding the Correctional Postnatal and Early Childhood
- 1871 Advisory Board, is repealed July 1, 2026.
- 1872 [(19)] (17) Section 26B-2-407, related to drinking water quality in child care centers, is
- 1873 repealed July 1, 2027.
- 1874 [(20)] (18) Subsection 26B-3-107(9), which addresses reimbursement for dental hygienists,
- 1875 is repealed July 1, 2028.
- 1876 [(21)] (19) Section 26B-3-136, which creates the Children's Health Care Coverage Program,
- is repealed July 1, 2025.
- 1878 [(22)] (20) Section 26B-3-137, related to reimbursement for the National Diabetes
- 1879 Prevention Program, is repealed June 30, 2027.
- 1880 [(23)] (21) Subsection 26B-3-213(2), the language that states "and the Behavioral Health
- 1881 Crisis Response Commission created in Section 63C-18-202" is repealed December 31,
- 1882 2026.
- 1883 [(24)] (22) Sections 26B-3-302 through 26B-3-309, regarding the Drug Utilization Review
- Board, are repealed July 1, 2027.
- 1885 [(25)] (23) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1,
- 1886 2024.
- 1887 [(26)] (24) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is
- 1888 repealed July 1, 2024.
- 1889 [(27)] (25) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,
- 1890 2028.
- 1891 [(28)] (26) Section 26B-3-910, regarding alternative eligibility, is repealed July 1, 2028.
- 1892 [(29)] (27) Section 26B-4-710, related to rural residency training programs, is repealed July
- 1893 1, 2025.
- 1894 [(30)] (28) 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
- 1896 ," is repealed December 31, 2026.
- 1897 [(31)] (29) Section 26B-5-112.5 is repealed December 31, 2026.
- 1898 [(32)] (30) Section 26B-5-114, related to the Behavioral Health Receiving Center Grant

- Program, is repealed December 31, 2026.
- 1900 [(33)] (31) Section 26B-5-118, related to collaborative care grant programs, is repealed
- 1901 December 31, 2024.
- 1902 [(34)] (32) Section 26B-5-120 is repealed December 31, 2026.
- 1903 [(35)] (33) In relation to the Utah Assertive Community Treatment Act, on July 1, 2024:
- 1904 (a) Subsection 26B-5-606(2)(a)(i), the language that states "and" is repealed; and
- 1905 (b) Subsections 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c) are repealed.
- 1906 [(36)] (34) In relation to the Behavioral Health Crisis Response Commission, on December
- 1907 31, 2026:
- 1908 (a) Subsection 26B-5-609(1)(a) is repealed;
- 1909 (b) Subsection 26B-5-609(3)(a), the language that states "With recommendations from the commission," is repealed;
- 1911 (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
- 1913 commission," is repealed; and
- 1914 (e) Subsection 26B-5-610(4), the language that states "In consultation with the
- 1915 commission," is repealed.
- 1916 [(37)] (35) Subsections 26B-5-611(1)(a) and [(10)] (8), in relation to the Utah Substance Use
- and Mental Health Advisory Council, are repealed January 1, 2033.
- 1918 [(38)] (36) Section 26B-5-612, related to integrated behavioral health care grant programs,
- is repealed December 31, 2025.
- 1920 [(39)] (37) [Subsection 26B-7-119(5)] Section 26B-7-119, related to [reports to the
- 1921 Legislature on the outcomes of]the Hepatitis C Outreach Pilot Program, is repealed July
- 1922 1, 2028.
- 1923 [(40) Section 26B-7-224, related to reports to the Legislature on violent incidents and
- fatalities involving substance abuse, is repealed December 31, 2027.]
- 1925 [(41)] (38) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1,
- 1926 2024.
- 1927 [(42)] (39) Section 26B-8-513, related to identifying overuse of non-evidence-based health
- care, is repealed December 31, 2023.
- 1929 Section 29. Section **63I-1-276** is amended to read:
- 1930 **63I-1-276** (Effective 05/01/24). Repeal dates: Title 76.
- 1931 (1) Subsection 76-7-313(6), relating to the report provided by the Department of Health and
- Human Services, is repealed July 1, 2027.

1933 (2) Section 76-10-526.1, relating to an information check before the private sale of a

- firearm, is repealed July 1, 2025.
- 1935 Section 30. Section **63I-2-226** is amended to read:
- 1936 63I-2-226 (Effective 05/01/24) (Superseded 07/01/24). Repeal dates: Titles 26A
- 1937 **through 26B.**
- 1938 (1) Subsection 26B-1-204(2)(e), related to the Air Ambulance Committee, is repealed July
- 1939 1, 2024.
- 1940 (2) Section 26B-1-241 is repealed July 1, 2024.
- 1941 (3) Section 26B-1-302 is repealed on July 1, 2024.
- 1942 (4) Section 26B-1-313 is repealed on July 1, 2024.
- 1943 (5) Section 26B-1-314 is repealed on July 1, 2024.
- 1944 (6) Section 26B-1-321 is repealed on July 1, 2024.
- 1945 (7) Section 26B-1-405, related to the Air Ambulance Committee, is repealed on July 1,
- 1946 2024.
- 1947 (8) Section 26B-1-419, which creates the Utah Health Care Workforce Financial Assistance
- 1948 Program Advisory Committee, is repealed July 1, 2027.
- 1949 (9) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection 26B-2-231(1)(a)
- is amended to read:
- "(a) provide the patient or the patient's representative with the following information
- before contacting an air medical transport provider:
- (i) which health insurers in the state the air medical transport provider contracts with;
- (ii) if sufficient data is available, the average charge for air medical transport services for a
- patient who is uninsured or out of network; and
- (iii) whether the air medical transport provider balance bills a patient for any charge not paid
- by the patient's health insurer; and".
- 1958 (10) Section 26B-3-142 is repealed July 1, 2024.
- 1959 (11) Subsection 26B-3-215(5), related to reporting on coverage for in vitro fertilization and
- 1960 genetic testing, is repealed July 1, 2030.
- 1961 (12) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection 26B-4-135(1)(a)
- is amended to read:
- "(a) provide the patient or the patient's representative with the following information
- before contacting an air medical transport provider:
- (i) which health insurers in the state the air medical transport provider contracts with;
- (ii) if sufficient data is available, the average charge for air medical transport services for a

- patient who is uninsured or out of network; and
- 1968 (iii) whether the air medical transport provider balance bills a patient for any charge not paid
- by the patient's health insurer; and".
- 1970 (13) Section 26B-4-702, related to the Utah Health Care Workforce Financial Assistance
- 1971 Program, is repealed July 1, 2027.
- 1972 (14) Section 26B-5-117, related to early childhood mental health support grant programs, is
- repealed January 2, 2025.
- 1974 [(15) Subsection 26B-7-117(3), related to reports to the Legislature on syringe exchange
- and education, is repealed January 1, 2027.
- 1976 [(16)] (15) Section 26B-7-120, relating to sickle cell disease, is repealed on July 1, 2025.
- 1977 Section 31. Section **63I-2-226** is amended to read:
- 1978 **63I-2-226** (Effective 07/01/24). Repeal dates: Titles 26A through 26B.
- 1979 (1) Section 26B-1-241 is repealed July 1, 2024.
- 1980 (2) Section 26B-1-302 is repealed on July 1, 2024.
- 1981 (3) Section 26B-1-313 is repealed on July 1, 2024.
- 1982 (4) Section 26B-1-314 is repealed on July 1, 2024.
- 1983 (5) Section 26B-1-321 is repealed on July 1, 2024.
- 1984 (6) Section 26B-1-419, which creates the Utah Health Care Workforce Financial Assistance
- 1985 Program Advisory Committee, is repealed July 1, 2027.
- 1986 (7) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection 26B-2-231(1)(a)
- is amended to read:
- 1988 "(a) provide the patient or the patient's representative with the following information
- before contacting an air medical transport provider:
- (i) which health insurers in the state the air medical transport provider contracts with;
- (ii) if sufficient data is available, the average charge for air medical transport services for a
- patient who is uninsured or out of network; and
- (iii) whether the air medical transport provider balance bills a patient for any charge not paid
- by the patient's health insurer; and".
- 1995 (8) Section 26B-3-142 is repealed July 1, 2024.
- 1996 (9) Subsection 26B-3-215(5), related to reporting on coverage for in vitro fertilization and
- 1997 genetic testing, is repealed July 1, 2030.
- 1998 (10) Section 26B-4-702, related to the Utah Health Care Workforce Financial Assistance
- 1999 Program, is repealed July 1, 2027.
- 2000 (11) Section 26B-5-117, related to early childhood mental health support grant programs, is

2001	repealed January 2, 2025.
2002	[(12) Subsection 26B-7-117(3), related to reports to the Legislature on syringe exchange
2003	and education, is repealed January 1, 2027.]
2004	[(13)] (12) Section 26B-7-120, relating to sickle cell disease, is repealed on July 1, 2025.
2005	Section 32. Section 78B-6-140 is amended to read:
2006	78B-6-140 (Effective 05/01/24). Itemization of fees and expenses Reporting.
2007	(1) (a) Except as provided in Subsection (5), before the date that a final decree of
2008	adoption is entered, a prospective adoptive parent or, if the child was placed by a
2009	child-placing agency, the person or agency placing the child shall file with the court
2010	an affidavit regarding fees and expenses on a form prescribed by the Judicial Council
2011	in accordance with Subsection (2).
2012	(b) An affidavit filed pursuant to Subsection (1)(a) shall be signed by each prospective
2013	adoptive parent and, if the child was placed by a child-placing agency, the person or
2014	agency placing the child.
2015	(c) The court shall review an affidavit filed under this section for completeness and
2016	compliance with the requirements of this section.
2017	(d) The results of the court's review under Subsection (1)(c) shall be noted in the court's
2018	record.
2019	(2) (a) The Judicial Council shall prescribe a uniform form for the affidavit described in
2020	Subsection (1).
2021	(b) The uniform affidavit form shall require itemization of the following items in
2022	connection with the adoption:
2023	(i) all legal expenses that have been or will be paid to or on behalf of the preexisting
2024	parents of the child, including the source of payment;
2025	(ii) all maternity expenses that have been or will be paid to or on behalf of the
2026	preexisting parents of the child, including the source of payment;
2027	(iii) all medical or hospital expenses that have been or will be paid to or on behalf or
2028	the preexisting parents of the child, including the source of payment;
2029	(iv) all living expenses that have been or will be paid to or on behalf of the
2030	preexisting parents of the child, including the source of payment;
2031	(v) fees paid by the prospective adoptive parent or parents in connection with the
2032	adoption;
2033	(vi) all gifts, property, or other items that have been or will be provided to the
2034	preexisting parents, including the source and approximate value of the gifts.

2035	property, or other items;
2036	(vii) all public funds used for any medical or hospital costs in connection with the:
2037	(A) pregnancy;
2038	(B) delivery of the child; or
2039	(C) care of the child; and
2040	(viii) if a child-placing agency placed the child:
2041	(A) a description of services provided to the prospective adoptive parents or
2042	preexisting parents in connection with the adoption;
2043	(B) all expenses associated with matching the prospective adoptive parent or
2044	parents and the birth mother;
2045	(C) all expenses associated with advertising; and
2046	(D) any other agency fees or expenses paid by an adoptive parent that are not
2047	itemized under one of the other categories described in this Subsection (2)(b),
2048	including a description of the reason for the fee or expense.
2049	(c) The uniform affidavit form shall require:
2050	(i) a statement of the state of residence of the:
2051	(A) birth mother or the preexisting parents; and
2052	(B) prospective adoptive parent or parents;
2053	(ii) a declaration that Section 76-7-203 has not been violated; and
2054	(iii) if the affidavit includes an itemized amount for both of the categories described
2055	in Subsections (2)(b)(iii) and (vii), a statement explaining why certain medical or
2056	hospital expenses were paid by a source other than public funds.
2057	(3) (a) If a child-placing agency, that is licensed by this state, placed the child, the
2058	child-placing agency shall provide a copy of the affidavit described in Subsection (1)
2059	to the Office of Licensing within the Department of Health and Human Services.
2060	(b) Before August 30 of each even-numbered year, the Office of Licensing within the
2061	Department of Health and Human Services shall provide a written report to the
2062	Health and Human Services Interim Committee and to the Judicial Council regarding
2063	the cost of adoptions in the state that includes:
2064	(i) the total number of affidavits provided to the Office of Licensing during the
2065	previous year; and
2066	(ii) for each of the categories described in Subsection (2)(b):
2067	(A) the average amount disclosed on affidavits submitted during the previous
2068	year; and

2069	(B) the range of amounts disclosed on affidavits submitted during the previous
2070	year;
2071	(iii) the average total amount disclosed on affidavits submitted during the previous
2072	year;
2073	(iv) the range of total amounts disclosed on affidavits submitted during the previous
2074	year; and
2075	(v) any recommended legislation that may help reduce the cost of adoptions.
2076	(c) The Health and Human Services Interim Committee shall, based on information in
2077	reports provided under Subsection (3)(b) and in consultation with a consortium
2078	described in Subsection 26B-2-127(8), consider:
2079	(i) what constitutes reasonable fees and expenses related to adoption; and
2080	(ii) the standards that may be used to determine whether fees and expenses related to
2081	adoption are reasonable in a specific case.
2082	(4) The Judicial Council shall make a copy of each report provided by the Office of
2083	Licensing under Subsection (3)(b) available to each court that may be required to review
2084	an affidavit under Subsection (1)(c).
2085	(5) This section does not apply if the prospective adoptive parent is the legal spouse of a
2086	preexisting parent.
2087	Section 33. Section 80-2-1104 is amended to read:
2088	80-2-1104 (Effective 05/01/24). Child protection ombudsman Responsibility
2089	Authority Report.
2090	(1) As used in this section:
2091	(a) "Complainant" means a person who initiates a complaint with the ombudsman.
2092	(b) "Complaint" means a complaint regarding an act or omission by the division with
2093	respect to a particular child.
2094	(c) "Ombudsman" means the child protection ombudsman appointed under this section.
2095	(2) (a) There is created within the department the position of child protection
2096	ombudsman.
2097	(b) The executive director of the department shall:
2098	(i) appoint an ombudsman who has:
2099	(A) recognized executive and administrative capacity; and
2100	(B) experience in child welfare, and in state laws and policies governing abused,
2101	neglected, and dependent children; and
2102	(ii) select the ombudsman solely with regard to qualifications and fitness to discharge

2103		the duties of the ombudsman.
2104	(c)	The ombudsman shall:
2105		(i) serve at the pleasure of the executive director of the department; and
2106		(ii) devote full-time to the duties described in this section.
2107	(3) The	e ombudsman shall:
2108	(a)	unless the ombudsman decides not to investigate the complaint, upon receipt of a
2109		complaint, investigate whether an act or omission of the division with respect to a
2110		particular child:
2111		(i) is contrary to statute, rule, or policy;
2112		(ii) places a child's health or safety at risk;
2113		(iii) is made without an adequate statement of reason; or
2114		(iv) is based on irrelevant, immaterial, or erroneous grounds;
2115	(b)	notify the complainant and the division of:
2116		(i) the ombudsman's decision to investigate or not investigate the complaint; and
2117		(ii) if the ombudsman decides not to investigate the complaint, the reason for the
2118		decision;
2119	(c)	if the ombudsman finds that a person's act or omission violates state or federal
2120		criminal law, immediately report the finding to the appropriate county or district
2121		attorney or to the attorney general;
2122	(d)	immediately notify the division if the ombudsman finds that a child needs protective
2123		custody;
2124	(e)	prepare a written report of the findings and recommendations, if any, of each
2125		investigation;
2126	(f)	make recommendations to the division if the ombudsman finds that:
2127		(i) a matter should be further considered by the division;
2128		(ii) an administrative act should be addressed, modified, or canceled;
2129		(iii) action should be taken by the division with regard to one of the division's
2130		employees; or
2131		(iv) any other action should be taken by the division;
2132	(g)	subject to Subsection (3), in accordance with Title 63G, Chapter 3, Utah
2133		Administrative Rulemaking Act, make rules that govern the following:
2134		(i) receiving and processing a complaint;
2135		(ii) notifying a complainant and the division regarding a decision to investigate or to
2136		decline to investigate a complaint;

2137		(iii) prioritizing workload;
2138		(iv) maximum time within which an investigation is required to be completed;
2139		(v) conducting an investigation;
2140		(vi) notifying a complainant and the division regarding the results of an investigation
2141		and
2142		(vii) making recommendations based on the findings and results of investigations;
2143	(h)	within appropriations from the Legislature, employ staff as may be necessary to
2144		carry out the ombudsman's duties under this section;
2145	(i)	provide information regarding the role, duties, and functions of the ombudsman to
2146		public agencies, private entities, and individuals; and
2147	[(j)	provide an annual report regarding the ombudsman's duties and recommendations
2148		for improvements to the child welfare system to:]
2149		[(i) the Child Welfare Legislative Oversight Panel;]
2150		[(ii) the governor;]
2151		[(iii) the division; and]
2152		[(iv) the executive director of the department; and]
2153	[(k	(j) as appropriate, make recommendations to the division regarding individual child
2154		welfare cases, and the rules, policies, and operations of the division.
2155	(4) (a)	The ombudsman may:
2156		(i) decline to investigate a complaint or continue an investigation of a complaint;
2157		(ii) conduct an investigation on the ombudsman's own initiative;
2158		(iii) conduct further investigation upon the request of the complainant or upon the
2159		ombudsman's own initiative; and
2160		(iv) advise a complainant to pursue administrative remedies or channels of a
2161		complaint before pursuing a complaint with the ombudsman.
2162	(b)	Subsection (4)(a)(iv) does not prevent a complainant from making a complaint
2163		directly to the ombudsman before pursuing an administrative remedy.
2164	(5) (a)	A record of the ombudsman regarding an individual child welfare case shall be
2165	cla	ssified in accordance with federal law and Title 63G, Chapter 2, Government
2166	Re	cords Access and Management Act.
2167	(b)	The ombudsman shall have access to all of the department's written and electronic
2168		records and databases, including those regarding individual child welfare cases.
2169	(c)	In accordance with Title 63G, Chapter 2, Government Records Access and
2170		Management Act, all documents and information received by the ombudsman shall

21/1	maintain the same classification that was designated by the department.
2172	Section 34. Repealer.
2173	This bill repeals:
2174	Section 26B-2-503, (Effective 05/01/24)Recommendation for Community Health
2175	Worker Certification Advisory Board.
2176	Section 26B-6-510, (Effective 05/01/24)Dental services reporting.
2177	Section 26B-7-224, (Effective 05/01/24)Study on violent incidents and fatalities
2178	involving substance abuse Report.
2179	Section 35. Effective date.
2180	(1) Subject to Subsection (2), this bill takes effect on May 1, 2024.
2181	(2) The actions affecting Sections 63I-1-226 (Effective 07/01/24) and 63I-2-226 (Effective
2182	07/01/24) take effect on July 1, 2024