HEALTH AND HUMAN SERVICES REPORTING
REQUIREMENTS
2024 GENERAL SESSION
STATE OF UTAH
Chief Sponsor: Michael S. Kennedy
House Sponsor: Steve Eliason
LONG TITLE
Committee Note:
The Health and Human Services Interim Committee recommended this bill.
Legislative Vote: 11 voting for 0 voting against 8 absent
General Description:
This bill modifies and repeals reporting provisions related to Department of Health and
Human Services programs.
Highlighted Provisions:
This bill:
<ul> <li>modifies and repeals reporting provisions related to Department of Health and</li> </ul>
Human Services programs;
<ul> <li>replaces a report for the Hepatitis C Outreach Pilot Program with a sunset date for</li> </ul>
the pilot program; and
<ul> <li>makes technical changes</li> </ul>
Money Appropriated in this Bill:
None
Other Special Clauses:
This bill provides a special effective date.
Utah Code Sections Affected:
AMENDS:



28	26A-1-115, as last amended by Laws of Utah 2023, Chapter 272
29	26A-1-129, as enacted by Laws of Utah 2020, Chapter 347
30	26B-1-324, as last amended by Laws of Utah 2023, Chapter 270 and renumbered and
31	amended by Laws of Utah 2023, Chapter 305
32	<b>26B-1-326</b> , as renumbered and amended by Laws of Utah 2023, Chapter 305
33	<b>26B-1-327</b> , as last amended by Laws of Utah 2023, Chapter 534 and renumbered and
34	amended by Laws of Utah 2023, Chapter 305
35	<b>26B-1-328</b> , as last amended by Laws of Utah 2023, Chapter 534 and renumbered and
36	amended by Laws of Utah 2023, Chapter 305
37	<b>26B-1-329</b> , as renumbered and amended by Laws of Utah 2023, Chapter 305
38	<b>26B-1-402</b> , as renumbered and amended by Laws of Utah 2023, Chapter 305
39	26B-1-422, as last amended by Laws of Utah 2023, Chapter 269 and renumbered and
40	amended by Laws of Utah 2023, Chapter 305 and last amended by Coordination
41	Clause, Laws of Utah 2023, Chapter 305
42	<b>26B-1-424</b> , as renumbered and amended by Laws of Utah 2023, Chapter 305
43	<b>26B-3-210</b> , as renumbered and amended by Laws of Utah 2023, Chapter 306
44	<b>26B-3-218</b> , as renumbered and amended by Laws of Utah 2023, Chapter 306
45	<b>26B-4-702</b> , as renumbered and amended by Laws of Utah 2023, Chapter 307
46	<b>26B-4-703</b> , as renumbered and amended by Laws of Utah 2023, Chapter 307
47	<b>26B-4-711</b> , as renumbered and amended by Laws of Utah 2023, Chapter 307
48	26B-5-102, as last amended by Laws of Utah 2023, Chapter 177 and renumbered and
49	amended by Laws of Utah 2023, Chapter 308
50	<b>26B-5-110</b> , as renumbered and amended by Laws of Utah 2023, Chapter 308
51	26B-5-114, as last amended by Laws of Utah 2023, Chapter 270 and renumbered and
52	amended by Laws of Utah 2023, Chapter 308
53	<b>26B-5-116</b> , as renumbered and amended by Laws of Utah 2023, Chapter 308
54	<b>26B-5-611</b> , as renumbered and amended by Laws of Utah 2023, Chapter 308
55	<b>26B-6-304</b> , as renumbered and amended by Laws of Utah 2023, Chapter 308
56	<b>26B-6-703</b> , as renumbered and amended by Laws of Utah 2023, Chapter 308
57	<b>26B-7-117</b> , as renumbered and amended by Laws of Utah 2023, Chapter 308
58	<b>26B-7-119</b> , as renumbered and amended by Laws of Utah 2023, Chapter 308

59	<b>26B-8-504</b> , as renumbered and amended by Laws of Utah 2023, Chapter 306
60	63C-18-203, as last amended by Laws of Utah 2023, Chapters 270, 329
61	63I-1-226 (Superseded 07/01/24), as last amended by Laws of Utah 2023, Chapters
62	249, 269, 270, 275, 332, 335, 420, and 495 and repealed and reenacted by Laws of
63	Utah 2023, Chapter 329
64	63I-1-226 (Effective 07/01/24), as last amended by Laws of Utah 2023, Chapters 249,
65	269, 270, 275, 310, 332, 335, 420, and 495 and repealed and reenacted by Laws of
66	Utah 2023, Chapter 329 and last amended by Coordination Clause, Laws of Utah
67	2023, Chapters 329, 332
68	63I-1-276, as last amended by Laws of Utah 2023, Chapter 398
69	63I-2-226 (Superseded 07/01/24), as last amended by Laws of Utah 2023, Chapters 33,
70	139, 249, 295, and 465 and repealed and reenacted by Laws of Utah 2023, Chapter
71	329
72	63I-2-226 (Effective 07/01/24), as last amended by Laws of Utah 2023, Chapters 33,
73	139, 249, 295, 310, and 465 and repealed and reenacted by Laws of Utah 2023,
74	Chapter 329 and last amended by Coordination Clause, Laws of Utah 2023, Chapter
75	329
76	78B-6-140, as last amended by Laws of Utah 2023, Chapters 289, 466
77	80-2-1104, as renumbered and amended by Laws of Utah 2022, Chapter 334
78	REPEALS:
79	<b>26B-2-503</b> , as renumbered and amended by Laws of Utah 2023, Chapter 305
80	<b>26B-6-510</b> , as renumbered and amended by Laws of Utah 2023, Chapter 308
81	26B-7-224, as last amended by Laws of Utah 2023, Chapter 111 and renumbered and
82	amended by Laws of Utah 2023, Chapter 308
83	
84	Be it enacted by the Legislature of the state of Utah:
85	Section 1. Section <b>26A-1-115</b> is amended to read:
86	26A-1-115. Apportionment of costs Contracts to provide services Percentage
87	match of state funds Audit.
88	(1) (a) The cost of establishing and maintaining a multicounty local health department
89	may be apportioned among the participating counties on the basis of population in proportion

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90	to the total population of all counties within the boundaries of the local health department, or
91	upon other bases agreeable to the participating counties.
92	(b) Costs of establishing and maintaining a county health department shall be a charge
93	of the county creating the local health department.
94	(c) Money available from fees, contracts, surpluses, grants, and donations may also be
95	used to establish and maintain local health departments.
96	(d) As used in this Subsection (1), "population" means population estimates prepared
97	by the Utah Population Committee.
98	(2) The cost of providing, equipping, and maintaining suitable offices and facilities for
99	a local health department is the responsibility of participating governing bodies.
100	(3) Local health departments that comply with all department rules and secure advance
101	approval of proposed service boundaries from the department may by contract receive funds
102	under Section 26A-1-116 from the department to provide specified public health services.
103	(4) Contract funds distributed under Subsection (3) shall be in accordance with Section
104	26A-1-116 and policies and procedures adopted by the department.
105	(5) Department rules shall require that contract funds be used for public health
106	services and not replace other funds used for local public health services.
107	(6) (a) (i) All state funds distributed by contract from the department to local health
108	departments for public health services shall be matched by those local health departments at a
109	percentage determined by the department in consultation with local health departments.
110	(ii) Counties shall have no legal obligation to match state funds at percentages in
111	excess of those established by the department and shall suffer no penalty or reduction in state
112	funding for failing to exceed the required funding match.
113	(b) By October 1 of each year, [the department, in consultation with each local health
114	department] the local health departments, shall submit a collective written report to the Social
115	Services Appropriations Subcommittee describing, for the preceding five fiscal years, each
116	county's annual per capita contribution to a local health department that is used to meet the
117	minimum performance standards described in Section 26A-1-106.
118	(c) A county may submit an additional written report separate from the report described
119	in Subsection (6)(b) to the Social Services Appropriations Subcommittee outlining a county's
120	contribution to public and community health in the county through other methods that are

121 additional to the annual per capita contribution described in Subsection (6)(b). 122 (7) (a) Each local health department shall cause an annual financial and compliance 123 audit to be made of its operations by a certified public accountant. The audit may be conducted as part of an annual county government audit of the county where the local health department 124 125 headquarters are located. 126 (b) The local health department shall provide a copy of the audit report to the 127 department and the local governing bodies of counties participating in the local health 128 department. 129 Section 2. Section 26A-1-129 is amended to read: 130 26A-1-129. Electronic Cigarette, Marijuana, and Other Drug Prevention Grant 131 **Program -- Reporting.** 132 (1) As used in this section, "grant program" means the Electronic Cigarette, Marijuana, 133 and Other Drug Prevention Grant Program created in this section. 134 (2) There is created the Electronic Cigarette, Marijuana, and Other Drug Prevention 135 Grant Program which shall be administered by local health departments in accordance with this 136 section. 137 (3) (a) A local health department shall administer the grant program with funds 138 allocated to the grant program under Subsection 59-14-807(4)(d), to award grants to: 139 (i) a coalition of community organizations that is focused on substance abuse 140 prevention; 141 (ii) a local government agency, including a law enforcement agency, for a program that 142 is focused on substance abuse prevention; or 143 (iii) a local education agency as defined in Section 53E-1-102. 144 (b) A recipient of a grant under the grant program shall use the grant to address root 145 causes and factors associated with the use of electronic cigarettes, marijuana, and other drugs: 146 (i) by addressing one or more risk or protective factors identified in the Utah Student 147 Health and Risk Prevention Statewide Survey; and 148 (ii) through one or more of the following activities aimed at reducing use of electronic 149 cigarettes, marijuana, and other drugs: 150 (A) providing information; 151 (B) enhancing individual skills;

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153 (D) enhancing access or reducing barriers systems, processes, or programs; 154 (E) changing consequences by addressing incentives or disincentives; 155 (F) changing the physical design or structure of an environment to reduce risk or 156 enhance protections; or 157 (G) supporting modifications or changing policies. 158 (c) The grant program shall provide funding for a program or purpose that is: 159 (i) evidence-based: or 160 (ii) a promising practice as defined by the United States Centers for Disease Control 161 and Prevention. 162 (4) (a) An applicant for a grant under the grant program shall submit an application to 163 the local health department that has jurisdiction over the area in which the applicant is 164 proposing use of grant funds. (b) The application described in Subsection (4)(a) shall: 165 166 (i) provide a summary of how the applicant intends to expend grant funds; and 167 (ii) describe how the applicant will meet the requirements described in Subsection (3). 168 (c) A local health department may establish the form or manner in which an applicant 169 must submit an application for the grant program under this section. 170 (5) (a) A local health department shall: 171 (i) on or before June 30 of each year: 172 (A) review each grant application the local health department receives for the grant 173 program; and 174 (B) select recipients for a grant under the grant program; and 175 (ii) before July 15 of each year, disperse grant funds to each selected recipient. 176 (b) A local health department may not award a single grant under this section in an 177 amount that exceeds \$100,000. 178 (6) (a) Before August 1 of each year, a recipient of a grant under the grant program 179 shall, for the previous year, submit a report to the local health department that: 180 (i) provides an accounting for the expenditure of grant funds; 181 (ii) describes measurable outcomes as a result of the expenditures;

182 (iii) describes the impact and effectiveness of programs and activities funded through

183 the grant; and 184 (iv) indicates the amount of grant funds remaining on the date that the report is 185 submitted. 186 (b) (i) A grant recipient shall submit the report described in Subsection (6)(a) before 187 August 1 of each year until the grant recipient expends all funds awarded to the recipient under 188 the grant program. 189 (ii) After a grant recipient expends all funds awarded to the recipient under the grant 190 program, the grant recipient shall submit a final report to the local health department with the 191 information described in Subsection (6)(a). 192 (7) (a) On or before September 1 of each year, each local health department shall 193 submit the reports described in Subsection (6) to the Association of Local Health Departments. 194 (b) The Association of Local Health Departments shall compile the reports and, in 195 collaboration with the Department of Health, submit a report to the Health and Human Services 196 Interim Committee regarding: 197 (i) the use of funds appropriated to the grant program; 198 (ii) the impact and effectiveness of programs and activities that the grant program 199 funds during the previous fiscal year; and 200 (iii) any recommendations for legislation. 201 (c) The report described in this Subsection (7) may be combined with the report 202 described in Subsection 26B-1-428(4)(a). 203 Section 3. Section 26B-1-324 is amended to read: 204 26B-1-324. Statewide Behavioral Health Crisis Response Account -- Creation --205 Administration -- Permitted uses -- Reporting. 206 (1) There is created a restricted account within the General Fund known as the 207 "Statewide Behavioral Health Crisis Response Account," consisting of: 208 (a) money appropriated or otherwise made available by the Legislature: and 209 (b) contributions of money, property, or equipment from federal agencies, political 210 subdivisions of the state, or other persons. 211 (2) (a) Subject to appropriations by the Legislature and any contributions to the account 212 described in Subsection (1)(b), the division shall disburse funds in the account only for the 213 purpose of support or implementation of services or enhancements of those services in order to

214 rapidly, efficiently, and effectively deliver 988 services in the state.

- (b) Funds distributed from the account to county local mental health and substance
  abuse authorities for the provision of crisis services are not subject to the 20% county match
  described in Sections 17-43-201 and 17-43-301.
- (c) After consultation with the Behavioral Health Crisis Response Commission created
   in Section 63C-18-202, and local substance use authorities and local mental health authorities
   described in Sections 17-43-201 and 17-43-301, the division shall expend funds from the
   account on any of the following programs:
- (i) the Statewide Mental Health Crisis Line, as defined in Section 26B-5-610, including
  coordination with 911 emergency service, as defined in Section 69-2-102, and coordination
  with local substance abuse authorities as described in Section 17-43-201, and local mental
  health authorities, described in Section 17-43-301;
- (ii) mobile crisis outreach teams as defined in Section 26B-5-609, distributed in
  accordance with rules made by the division in accordance with Title 63G, Chapter 3, Utah
  Administrative Rulemaking Act;
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(iii) behavioral health receiving centers as defined in Section 26B-5-114;

(iv) stabilization services as described in Section 26B-1-102;

- (v) mental health crisis services, as defined in Section 26B-5-101, provided by local
  substance abuse authorities as described in Section 17-43-201 and local mental health
  authorities described in Section 17-43-301 to provide prolonged mental health services for up
  to 90 days after the day on which an individual experiences a mental health crisis as defined in
  Section 26B-5-101;
- (vi) crisis intervention training for first responders, as that term is defined in Section
  78B-4-501;

(vii) crisis worker certification training for first responders, as that term is defined inSection 78B-4-501;

240 (viii) frontline support for the SafeUT Crisis Line; or

- (ix) suicide prevention gatekeeper training for first responders, as that term is definedin Section 78B-4-501.
- (d) If the Legislature appropriates money to the account for a purpose described inSubsection (2)(c), the division shall use the appropriation for that purpose.

245	(3) Subject to appropriations by the Legislature and any contributions to the account
246	described in Subsection (1)(b), the division may expend funds in the account for administrative
247	costs that the division incurs related to administering the account.
248	[(4) The division director shall submit and make available to the public a report before
249	December of each year to the Behavioral Health Crisis Response Commission, as defined in
250	Section 63C-18-202, the Social Services Appropriations Subcommittee, and the Legislative
251	Management Committee that includes:]
252	[(a) the amount of each disbursement from the account;]
253	[(b) the recipient of each disbursement, the goods and services received, and a
254	description of the project funded by the disbursement;]
255	[(c) any conditions placed by the division on the disbursements from the account;]
256	[(d) the anticipated expenditures from the account for the next fiscal year;]
257	[(e) the amount of any unexpended funds carried forward;]
258	[(f) the number of Statewide Mental Health Crisis Line calls received;]
259	[(g) the progress towards accomplishing the goals of providing statewide mental health
260	crisis service; and]
261	[(h) other relevant justification for ongoing support from the account.]
262	[(5)] (4) Notwithstanding Subsection (2)(c), allocations made to local substance use
263	authorities and local mental health authorities for behavioral health receiving centers or mobile
264	crisis outreach teams before the end of fiscal year 2023 shall be maintained through fiscal year
265	2027, subject to appropriation.
266	[(6)] (5) (a) As used in this Subsection $[(6)]$ (5):
267	(i) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.
268	(ii) "Mental health service provider" means a behavioral health receiving center or
269	mobile crisis outreach team.
270	(b) The department shall coordinate with each mental health service provider that
271	receives state funds to determine which health benefit plans, if any, have not contracted or have
272	refused to contract with the mental health service provider at usual and customary rates for the
273	services provided by the mental health service provider.
274	(c) In each year that the department identifies a health benefit plan that meets the
275	description in Subsection [ $(6)(b)$ ] $(5)(b)$ , the department shall provide a report on the

276	information gathered under Subsection $[(6)(b)]$ (5)(b) to the Health and Human Services
277	Interim Committee at or before the committee's October meeting.
278	Section 4. Section <b>26B-1-326</b> is amended to read:
279	26B-1-326. Suicide Prevention and Education Fund.
280	(1) There is created an expendable special revenue fund known as the Suicide
281	Prevention and Education Fund.
282	(2) The fund shall consist of funds transferred from the Concealed Weapons Account
283	in accordance with Subsection 53-5-707(5)(d).
284	(3) Money in the fund shall be used for suicide prevention efforts that include a focus
285	on firearm safety as related to suicide prevention.
286	(4) The Office of Substance Use and Mental Health shall establish a process by rule in
287	accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, for the
288	expenditure of money from the fund.
289	[(5) The Office of Substance Use and Mental Health shall make an annual report to the
290	Legislature regarding the status of the fund, including a report detailing amounts received,
291	expenditures made, and programs and services funded.]
292	Section 5. Section 26B-1-327 is amended to read:
293	26B-1-327. Survivors of Suicide Loss Account.
294	(1) As used in this section:
295	(a) (i) "Cohabitant" means an individual who lives with another individual.
296	(ii) "Cohabitant" does not include a relative.
297	(b) "Relative" means father, mother, husband, wife, son, daughter, sister, brother,
298	grandfather, grandmother, uncle, aunt, nephew, niece, grandson, granddaughter, first cousin,
299	mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, or daughter-in-law.
300	(2) Upon appropriation, the Office of Substance Use and Mental Health shall award
301	grants from the appropriation to a person who provides, for no or minimal cost:
302	(a) clean-up of property affected or damaged by an individual's suicide, as
303	reimbursement for the costs incurred for the clean-up; and
304	(b) bereavement services to a relative, legal guardian, or cohabitant of an individual
305	who dies by suicide.
306	[(3) Before November 30 of each year, the Office of Substance Use and Mental Health

307	shall report to the Health and Human Services Interim Committee regarding expenditures made
308	in accordance with this section.]
309	Section 6. Section <b>26B-1-328</b> is amended to read:
310	26B-1-328. Psychiatric and Psychotherapeutic Consultation Program Account
311	Creation Administration Uses.
312	(1) As used in this section:
313	(a) "Child care" means the child care services defined in Section 35A-3-102 for a child
314	during early childhood.
315	(b) "Child care provider" means a person who provides child care or mental health
316	support or interventions to a child during early childhood.
317	(c) "Child mental health care facility" means a facility that provides licensed mental
318	health care programs and services to children and families and employs a child mental health
319	therapist.
320	(d) "Child mental health therapist" means a mental health therapist who:
321	(i) is knowledgeable and trained in early childhood mental health; and
322	(ii) provides mental health services to children during early childhood.
323	(e) "Division" means the Division of Integrated Healthcare within the department.
324	(f) "Early childhood" means the time during which a child is zero to six years old.
325	(g) "Early childhood psychotherapeutic telehealth consultation" means a consultation
326	regarding a child's mental health care during the child's early childhood between a child care
327	provider or a mental health therapist and a child mental health therapist that is focused on
328	psychotherapeutic and psychosocial interventions and is completed through the use of
329	electronic or telephonic communication.
330	(h) "Health care facility" means a facility that provides licensed health care programs
331	and services and employs at least two psychiatrists, at least one of whom is a child psychiatrist.
332	(i) "Primary care provider" means:
333	(i) an individual who is licensed to practice as an advanced practice registered nurse
334	under Title 58, Chapter 31b, Nurse Practice Act;
335	(ii) a physician as defined in Section 58-67-102; or
336	(iii) a physician assistant as defined in Section 58-70a-102.
337	(j) "Psychiatrist" means a physician who is board eligible for a psychiatry

338	specialization recognized by the American Board of Medical Specialists or the American
339	Osteopathic Association's Bureau of Osteopathic Specialists.
340	(k) "Telehealth psychiatric consultation" means a consultation regarding a patient's
341	mental health care, including diagnostic clarification, medication adjustment, or treatment
342	planning, between a primary care provider and a psychiatrist that is completed through the use
343	of electronic or telephonic communication.
344	(2) Upon appropriation, the Office of Substance Use and Mental Health shall award
345	grants from the appropriation to:
346	(a) at least one health care facility to implement a program that provides a primary care
347	provider access to a telehealth psychiatric consultation when the primary care provider is
348	evaluating a patient for or providing a patient mental health treatment; and
349	(b) at least one child mental health care facility to implement a program that provides
350	access to an early childhood psychotherapeutic telehealth consultation to:
351	(i) a mental health therapist as defined in Section $58-60-102$ when the mental health
352	therapist is evaluating a child for or providing a child mental health treatment; or
353	(ii) a child care provider when the child care provider is providing child care to a child.
354	(3) The Office of Substance Use and Mental Health may award and distribute grant
355	money to a health care facility or child mental health care facility only if the health care facility
356	or child mental health care facility:
357	(a) is located in the state; and
358	(b) submits an application in accordance with Subsection (4).
359	(4) An application for a grant under this section shall include:
360	(a) the number of psychiatrists employed by the health care facility or the number of
361	child mental health therapists employed by the child mental health care facility;
362	(b) the health care facility's or child mental health care facility's plan to implement the
363	telehealth psychiatric consultation program or the early childhood psychotherapeutic telehealth
364	consultation program described in Subsection (2);
365	(c) the estimated cost to implement the telehealth psychiatric consultation program or
366	the early childhood psychotherapeutic telehealth consultation program described in Subsection
367	(2);
368	(d) any plan to use one or more funding sources in addition to a grant under this section

369	to implement the telehealth psychiatric consultation program or the early childhood
370	psychotherapeutic telehealth consultation program described in Subsection (2);
371	(e) the amount of grant money requested to fund the telehealth psychiatric consultation
372	program or the early childhood psychotherapeutic telehealth consultation program described in
373	Subsection (2); and
374	(f) any existing or planned contract or partnership between the health care facility and
375	another person to implement the telehealth psychiatric consultation program or the early
376	childhood psychotherapeutic telehealth consultation program described in Subsection (2).
377	(5) A health care facility or child mental health care facility that receives grant money
378	under this section shall file a report with the division before October 1 of each year that details
379	for the immediately preceding calendar year:
380	(a) the type and effectiveness of each service provided in the telehealth psychiatric
381	program or the early childhood psychotherapeutic telehealth consultation program;
382	(b) the utilization of the telehealth psychiatric program or the early childhood
383	psychotherapeutic telehealth consultation program based on metrics or categories determined
384	by the division;
385	(c) the total amount expended from the grant money; and
386	(d) the intended use for grant money that has not been expended.
387	[(6) Before November 30 of each year, the department shall report to the Health and
388	Human Services Interim Committee regarding:]
389	[(a) expenditures made in accordance with this section; and]
390	[(b) a summary of any report provided to the division under Subsection (5).]
391	Section 7. Section <b>26B-1-329</b> is amended to read:
392	26B-1-329. Mental Health Services Donation Fund.
393	(1) As used in this section:
394	(a) "Mental health therapist" means the same as that term is defined in Section
395	58-60-102.
396	(b) "Mental health therapy" means treatment or prevention of a mental illness,
397	including:
398	(i) conducting a professional evaluation of an individual's condition of mental health,
399	mental illness, or emotional disorder consistent with standards generally recognized by mental

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400 health therapists; (ii) establishing a diagnosis in accordance with established written standards generally 401 402 recognized by mental health therapists; 403 (iii) prescribing a plan or medication for the prevention or treatment of a condition of a 404 mental illness or an emotional disorder; and 405 (iv) engaging in the conduct of professional intervention, including psychotherapy by 406 the application of established methods and procedures generally recognized by mental health 407 therapists. 408 (c) "Qualified individual" means an individual who: 409 (i) is experiencing a mental health crisis; and 410 (ii) calls a local mental health crisis line as defined in Section 26B-5-610 or the 411 statewide mental health crisis line as defined in Section 26B-5-610. 412 (2) There is created an expendable special revenue fund known as the "Mental Health Services Donation Fund." 413 414 (3) (a) The fund shall consist of: 415 (i) gifts, grants, donations, or any other conveyance of money that may be made to the 416 fund from public or private individuals or entities; and 417 (ii) interest earned on money in the fund. 418 (b) The Office of Substance Use and Mental Health shall administer the fund in 419 accordance with this section. 420 (4) The Office of Substance Use and Mental Health shall award fund money to an 421 entity in the state that provides mental health and substance use treatment for the purpose of: 422 (a) providing through telehealth or in-person services, mental health therapy to 423 qualified individuals; 424 (b) providing access to evaluations and coordination of short-term care to assist a 425 qualified individual in identifying services or support needs, resources, or benefits for which 426 the qualified individual may be eligible; and 427 (c) developing a system for a qualified individual and a qualified individual's family to access information and referrals for mental health therapy. 428 429 (5) Fund money may only be used for the purposes described in Subsection (4). 430 [(6) The Office of Substance Use and Mental Health shall provide an annual report to

431	the Behavioral Health Crisis Response Commission, created in Section 63C-18-202,
432	regarding:]
433	[(a) the entity that is awarded a grant under Subsection (4);]
434	[(b) the number of qualified individuals served by the entity with fund money; and]
435	[(c) any costs or benefits as a result of the award of the grant.]
436	Section 8. Section 26B-1-402 is amended to read:
437	26B-1-402. Rare Disease Advisory Council Grant Program Creation
438	Reporting.
439	(1) As used in this section:
440	(a) "Council" means the Rare Disease Advisory Council described in Subsection (3).
441	(b) "Grantee" means the recipient of a grant under this section to operate the program.
442	(c) "Rare disease" means a disease that affects fewer than 200,000 individuals in the
443	United States.
444	(2) (a) Within legislative appropriations, the department shall issue a request for
445	proposals for a grant to administer the provisions of this section.
446	(b) The department may issue a grant under this section if the grantee agrees to:
447	(i) convene the council in accordance with Subsection (3);
448	(ii) provide staff and other administrative support to the council; and
449	(iii) in coordination with the department, report to the Legislature in accordance with
450	Subsection (4).
451	(3) The Rare Disease Advisory Council convened by the grantee shall:
452	(a) advise the Legislature and state agencies on providing services and care to
453	individuals with a rare disease;
454	(b) make recommendations to the Legislature and state agencies on improving access
455	to treatment and services provided to individuals with a rare disease;
456	(c) identify best practices to improve the care and treatment of individuals in the state
457	with a rare disease;
458	(d) meet at least two times in each calendar year; and
459	(e) be composed of members identified by the department, including at least the
460	following individuals:
461	(i) a representative from the department;

462	(ii) researchers and physicians who specialize in rare diseases, including at least one
463	representative from the University of Utah;
464	(iii) two individuals who have a rare disease or are the parent or caregiver of an
465	individual with a rare disease; and
466	(iv) two representatives from one or more rare disease patient organizations that
467	operate in the state.
468	(4) Before [November 30, 2021, and before] November 30 of every odd-numbered year
469	[thereafter], the [department] grantee shall report to the Health and Human Services Interim
470	Committee on:
471	(a) the activities of the grantee and the council; and
472	(b) recommendations and best practices regarding the ongoing needs of individuals in
473	the state with a rare disease.
474	Section 9. Section 26B-1-422 is amended to read:
475	26B-1-422. Early Childhood Utah Advisory Council Creation Compensation
476	Duties.
477	(1) As used in this section:
478	(a) "Early childhood" refers to a child in the state who is eight years old or younger;
479	and
480	(b) "State superintendent" means the state superintendent of public instruction
481	appointed under Section 53E-3-301.
482	(2) There is created the Early Childhood Utah Advisory Council.
483	(3) (a) The department shall:
484	(i) make rules establishing the membership, duties, and procedures of the council in
485	accordance with the requirements of:
486	(A) this section;
487	(B) the Improving Head Start for School Readiness Act of 2007, 42 U.S.C. Sec. 9837b;
488	and
489	(C) Title 63G, Chapter 3, Utah Administrative Rulemaking Act; and
490	(ii) provide necessary administrative and staff support to the council.
491	(b) A member of the council may not receive compensation or benefits for the
492	member's service.

493	(4) The duties of the council include:
494	(a) improving and coordinating the quality of programs and services for children in
495	accordance with the Improving Head Start for School Readiness Act of 2007, 42 U.S.C. Sec.
496	9837b;
497	(b) supporting Utah parents and families by providing comprehensive and accurate
498	information regarding the availability of voluntary services for children in early childhood from
499	state agencies and other private and public entities;
500	(c) facilitating improved coordination between state agencies and community partners
501	that provide services to children in early childhood;
502	(d) sharing and analyzing information regarding early childhood issues in the state;
503	(e) providing recommendations to the department, the Department of Workforce
504	Services, and the State Board of Education regarding a comprehensive delivery system of
505	services for children in early childhood that addresses the following four areas:
506	(i) family support and safety;
507	(ii) health and development;
508	(iii) early learning; and
509	(iv) economic development; and
510	(f) identifying opportunities for and barriers to the alignment of standards, rules,
511	policies, and procedures across programs and agencies that support children in early childhood.
512	(5) To fulfill the duties described in Subsection (4), the council shall:
513	(a) directly engage with parents, families, community members, and public and private
514	service providers to identify and address:
515	(i) the quality, effectiveness, and availability of existing services for children in early
516	childhood and the coordination of those services;
517	(ii) gaps and barriers to entry in the provision of services for children in early
518	childhood; and
519	(iii) community-based solutions in improving the quality, effectiveness, and
520	availability of services for children in early childhood;
521	(b) seek regular and ongoing feedback from a wide range of entities and individuals
522	that use or provide services for children in early childhood, including entities and individuals
523	that use, represent, or provide services for any of the following:

524	(i) children in early childhood who live in urban, suburban, or rural areas of the state;
525	(ii) children in early childhood with varying socioeconomic backgrounds;
526	(iii) children in early childhood with varying ethnic or racial heritages;
527	(iv) children in early childhood from various geographic areas of the state; and
528	(v) children in early childhood with special needs;
529	(c) study, evaluate, and report on the status and effectiveness of policies, procedures,
530	and programs that provide services to children in early childhood;
531	(d) study and evaluate the effectiveness of policies, procedures, and programs
532	implemented by other states and nongovernmental entities that address the needs of children in
533	early childhood;
534	(e) identify policies, procedures, and programs that are impeding efforts to help
535	children in early childhood in the state and recommend changes to those policies, procedures,
536	and programs;
537	(f) identify policies, procedures, and programs related to children in early childhood in
538	the state that are inefficient or duplicative and recommend changes to those policies,
539	procedures, and programs;
540	(g) recommend policy, procedure, and program changes to address the needs of
541	children in early childhood;
542	(h) develop methods for using interagency information to inform comprehensive policy
543	and budget decisions relating to early childhood services; and
544	(i) develop strategies and monitor efforts concerning:
545	(i) increasing school readiness;
546	(ii) improving access to early child care and early education programs; and
547	(iii) improving family and community engagement in early childhood education and
548	development.
549	(6) In fulfilling the council's duties, the council may request and receive, from any state
550	or local governmental agency or institution, information relating to early childhood, including
551	reports, audits, projections, and statistics.
552	[(7) (a) On or before August 1 of each year, the council shall provide an annual report
553	to the executive director, the executive director of the Department of Workforce Services, and
554	the state superintendent.]

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

586	shall consist of six members appointed by the governor to two-year terms as follows:
587	(a) one individual who:
588	(i) has a doctorate degree in psychology;
589	(ii) is a licensed behavior analyst practicing in the state; and
590	(iii) has treated adults with an autism spectrum disorder for at least three years;
591	(b) one individual who is:
592	(i) employed by the department; and
593	(ii) has professional experience with the treatment of autism spectrum disorder;
594	(c) three individuals who have firsthand experience with autism spectrum disorders and
595	the effects, diagnosis, treatment, and rehabilitation of autism spectrum disorders, including:
596	(i) family members of an adult with an autism spectrum disorder;
597	(ii) representatives of an association that advocates for adults with an autism spectrum
598	disorder; and
599	(iii) specialists or professionals who work with adults with an autism spectrum
600	disorder; and
601	(d) one individual who is:
602	(i) a health insurance professional;
603	(ii) holds a Doctor of Medicine or Doctor of Philosophy degree, with professional
604	experience relating to the treatment of autism spectrum disorder; and
605	(iii) has a knowledge of autism benefits and therapy that are typically covered by the
606	health insurance industry.
607	(3) (a) Notwithstanding Subsection (2), the governor shall, at the time of appointment
608	or reappointment, adjust the length of terms to ensure the terms of members are staggered so
609	that approximately half of the advisory committee is appointed every year.
610	(b) If a vacancy occurs in the membership of the advisory committee, the governor may
611	appoint a replacement for the unexpired term.
612	(c) The advisory committee shall annually elect a chair from its membership.
613	(d) A majority of the advisory committee constitutes a quorum at any meeting and, if a
614	quorum exists, the action of the majority of members present is the action of the advisory
615	committee.
616	(4) The advisory committee shall meet as necessary to:

617	(a) advise the department regarding implementation of the Adult Autism Treatment
618	Program created in Section 26B-4-602; and
619	(b) make recommendations to the department and the Legislature for improving the
620	Adult Autism Treatment Program[ <del>; and</del> ].
621	[(c) before October 1 each year, provide a written report of the advisory committee's
622	activities and recommendations to:]
623	[(i) the executive director;]
624	[(ii) the Health and Human Services Interim Committee; and]
625	[(iii) the Social Services Appropriations Subcommittee.]
626	(5) The advisory committee shall comply with the procedures and requirements of:
627	(a) Title 52, Chapter 4, Open and Public Meetings Act; and
628	(b) Title 63G, Chapter 2, Government Records Access and Management Act.
629	(6) A member may not receive compensation or benefits for the member's service, but
630	may receive per diem and travel expenses in accordance with:
631	(a) Section 63A-3-106;
632	(b) Section 63A-3-107; and
633	(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and
634	63A-3-107.
635	(7) (a) The department shall staff the advisory committee.
636	(b) Expenses of the advisory committee, including the cost of advisory committee staff
637	if approved by the executive director, may be paid only with funds from the Adult Autism
638	Treatment Account created in Section 26B-1-322.
639	Section 11. Section <b>26B-3-210</b> is amended to read:
640	26B-3-210. Medicaid waiver expansion.
641	(1) As used in this section:
642	(a) "Federal poverty level" means the same as that term is defined in Section
643	26B-3-207.
644	(b) "Medicaid waiver expansion" means an expansion of the Medicaid program in
645	accordance with this section.
646	(2) (a) Before January 1, 2019, the department shall apply to CMS for approval of a
647	waiver or state plan amendment to implement the Medicaid waiver expansion.

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648 (b) The Medicaid waiver expansion shall: 649 (i) expand Medicaid coverage to eligible individuals whose income is below 95% of 650 the federal poverty level; 651 (ii) obtain maximum federal financial participation under 42 U.S.C. Sec. 1396d(y) for 652 enrolling an individual in the Medicaid program; 653 (iii) provide Medicaid benefits through the state's Medicaid accountable care 654 organizations in areas where a Medicaid accountable care organization is implemented; 655 (iv) integrate the delivery of behavioral health services and physical health services with Medicaid accountable care organizations in select geographic areas of the state that 656 657 choose an integrated model; 658 (v) include a path to self-sufficiency, including work activities as defined in 42 U.S.C. 659 Sec. 607(d), for qualified adults; 660 (vi) require an individual who is offered a private health benefit plan by an employer to 661 enroll in the employer's health plan; 662 (vii) sunset in accordance with Subsection (5)(a); and 663 (viii) permit the state to close enrollment in the Medicaid waiver expansion if the 664 department has insufficient funding to provide services to additional eligible individuals. 665 (3) If the Medicaid waiver described in Subsection (2)(a) is approved, the department 666 may only pay the state portion of costs for the Medicaid waiver expansion with appropriations 667 from: 668 (a) the Medicaid Expansion Fund, created in Section 26B-1-315; 669 (b) county contributions to the non-federal share of Medicaid expenditures; and 670 (c) any other contributions, funds, or transfers from a non-state agency for Medicaid 671 expenditures. 672 (4) (a) In consultation with the department, Medicaid accountable care organizations 673 and counties that elect to integrate care under Subsection (2)(b)(iv) shall collaborate on 674 enrollment, engagement of patients, and coordination of services. 675 (b) As part of the provision described in Subsection (2)(b)(iv), the department shall 676 apply for a waiver to permit the creation of an integrated delivery system: 677 (i) for any geographic area that expresses interest in integrating the delivery of services 678 under Subsection (2)(b)(iv); and

679 (ii) in which the department:

(A) may permit a local mental health authority to integrate the delivery of behavioral
health services and physical health services;

(B) may permit a county, local mental health authority, or Medicaid accountable care
organization to integrate the delivery of behavioral health services and physical health services
to select groups within the population that are newly eligible under the Medicaid waiver
expansion; and

(C) may make rules in accordance with Title 63G, Chapter 3, Utah Administrative
Rulemaking Act, to integrate payments for behavioral health services and physical health
services to plans or providers.

(5) (a) If federal financial participation for the Medicaid waiver expansion is reduced
below 90%, the authority of the department to implement the Medicaid waiver expansion shall
sunset no later than the next July 1 after the date on which the federal financial participation is
reduced.

(b) The department shall close the program to new enrollment if the cost of the
Medicaid waiver expansion is projected to exceed the appropriations for the fiscal year that are
authorized by the Legislature through an appropriations act adopted in accordance with Title
63J, Chapter 1, Budgetary Procedures Act.

697 [(6) If the Medicaid waiver expansion is approved by CMS, the department shall report
 698 to the Social Services Appropriations Subcommittee on or before November 1 of each year that
 699 the Medicaid waiver expansion is operational:]

- 700 [(a) the number of individuals who enrolled in the Medicaid waiver program;]
- 701 [(b) costs to the state for the Medicaid waiver program;]
- 702 [(c) estimated costs for the current and following state fiscal year; and]
- 703 [(d) recommendations to control costs of the Medicaid waiver expansion.]
- 704 Section 12. Section **26B-3-218** is amended to read:

705 26B-3-218. Medicaid waiver for inpatient care in an institution for mental
706 diseases.

- (1) As used in this section, "institution for mental diseases" means the same as thatterm is defined in 42 C.F.R. Sec. 435.1010.
- (2) Before August 1, 2020, the division shall apply for a Medicaid waiver or a state

710	plan amendment with CMS to offer a program that provides reimbursement for mental health
711	services that are provided:
712	(a) in an institution for mental diseases that includes more than 16 beds; and
713	(b) to an individual who receives mental health services in an institution for mental
714	diseases for a period of more than 15 days in a calendar month.
715	(3) If the waiver or state plan amendment described in Subsection (2) is approved, the
716	department shall[: (a)] develop and offer the program described in Subsection (2)[; and].
717	[(b) submit to the Health and Human Services Interim Committee and the Social
718	Services Appropriations Subcommittee any report that the department submits to CMS that
719	relates to the budget neutrality, independent waiver evaluation, or performance metrics of the
720	program described in Subsection (2), within 15 days after the day on which the report is
721	submitted to CMS.]
722	(4) Notwithstanding Sections 17-43-201 and 17-43-301, if the waiver or state plan
723	amendment described in Subsection (2) is approved, a county does not have to provide
724	matching funds to the state for the mental health services described in Subsection (2) that are
725	provided to an individual who qualifies for Medicaid coverage under Section 26B-3-113 or
726	26B-3-207.
726 727	26B-3-207. Section 13. Section 26B-4-702 is amended to read:
727	Section 13. Section <b>26B-4-702</b> is amended to read:
727 728	Section 13. Section <b>26B-4-702</b> is amended to read: <b>26B-4-702. Creation of Utah Health Care Workforce Financial Assistance</b>
727 728 729	Section 13. Section 26B-4-702 is amended to read: 26B-4-702. Creation of Utah Health Care Workforce Financial Assistance Program Duties of department.
727 728 729 730	Section 13. Section 26B-4-702 is amended to read: 26B-4-702. Creation of Utah Health Care Workforce Financial Assistance Program Duties of department. (1) As used in this section:
727 728 729 730 731	<ul> <li>Section 13. Section 26B-4-702 is amended to read:</li> <li>26B-4-702. Creation of Utah Health Care Workforce Financial Assistance</li> <li>Program Duties of department. <ul> <li>(1) As used in this section:</li> <li>(a) "Eligible professional" means a geriatric professional or a health care professional</li> </ul> </li> </ul>
<ul> <li>727</li> <li>728</li> <li>729</li> <li>730</li> <li>731</li> <li>732</li> </ul>	Section 13. Section 26B-4-702 is amended to read: 26B-4-702. Creation of Utah Health Care Workforce Financial Assistance Program Duties of department. (1) As used in this section: (a) "Eligible professional" means a geriatric professional or a health care professional who is eligible to participate in the program.
<ul> <li>727</li> <li>728</li> <li>729</li> <li>730</li> <li>731</li> <li>732</li> <li>733</li> </ul>	Section 13. Section 26B-4-702 is amended to read: 26B-4-702. Creation of Utah Health Care Workforce Financial Assistance Program Duties of department. (1) As used in this section: (a) "Eligible professional" means a geriatric professional or a health care professional who is eligible to participate in the program. (b) "Geriatric professional" means a person who:
<ul> <li>727</li> <li>728</li> <li>729</li> <li>730</li> <li>731</li> <li>732</li> <li>733</li> <li>734</li> </ul>	Section 13. Section 26B-4-702 is amended to read: 26B-4-702. Creation of Utah Health Care Workforce Financial Assistance Program Duties of department. (1) As used in this section: (a) "Eligible professional" means a geriatric professional or a health care professional who is eligible to participate in the program. (b) "Geriatric professional" means a person who: (i) is a licensed:
<ul> <li>727</li> <li>728</li> <li>729</li> <li>730</li> <li>731</li> <li>732</li> <li>733</li> <li>734</li> <li>735</li> </ul>	Section 13. Section 26B-4-702 is amended to read: 26B-4-702. Creation of Utah Health Care Workforce Financial Assistance Program Duties of department. (1) As used in this section: (a) "Eligible professional" means a geriatric professional or a health care professional who is eligible to participate in the program. (b) "Geriatric professional" means a person who: (i) is a licensed: (A) health care professional;
<ul> <li>727</li> <li>728</li> <li>729</li> <li>730</li> <li>731</li> <li>732</li> <li>733</li> <li>734</li> <li>735</li> <li>736</li> </ul>	Section 13. Section 26B-4-702 is amended to read: 26B-4-702. Creation of Utah Health Care Workforce Financial Assistance Program Duties of department. (1) As used in this section: (a) "Eligible professional" means a geriatric professional or a health care professional who is eligible to participate in the program. (b) "Geriatric professional" means a person who: (i) is a licensed: (A) health care professional; (B) social worker;
<ul> <li>727</li> <li>728</li> <li>729</li> <li>730</li> <li>731</li> <li>732</li> <li>733</li> <li>734</li> <li>735</li> <li>736</li> <li>737</li> </ul>	<ul> <li>Section 13. Section 26B-4-702 is amended to read:</li> <li>26B-4-702. Creation of Utah Health Care Workforce Financial Assistance</li> <li>Program Duties of department. <ul> <li>(1) As used in this section:</li> <li>(a) "Eligible professional" means a geriatric professional or a health care professional</li> </ul> </li> <li>who is eligible to participate in the program.</li> <li>(b) "Geriatric professional" means a person who: <ul> <li>(i) is a licensed:</li> <li>(A) health care professional;</li> <li>(B) social worker;</li> <li>(C) occupational therapist;</li> </ul> </li> </ul>

741	(ii) is determined by the department to have adequate advanced training in geriatrics to
742	prepare the person to provide specialized geriatric care within the scope of the person's
743	profession.
744	(c) "Health care professional" means:
745	(i) a licensed:
746	(A) physician;
747	(B) physician assistant;
748	(C) nurse;
749	(D) dentist; or
750	(E) mental health therapist; or
751	(ii) another licensed health care professional designated by the department by rule.
752	(d) "Program" means the Utah Health Care Workforce Financial Assistance Program
753	created in this section.
754	(e) "Underserved area" means an area designated by the department as underserved by
755	health care professionals, based upon the results of a needs assessment developed by the
756	department in consultation with the Utah Health Care Workforce Financial Assistance Program
757	Advisory Committee created under Section 26B-1-419.
758	(2) There is created within the department the Utah Health Care Workforce Financial
759	Assistance Program to provide, within funding appropriated by the Legislature for the
760	following purposes:
761	(a) professional education scholarships and loan repayment assistance to health care
762	professionals who locate or continue to practice in underserved areas; and
763	(b) loan repayment assistance to geriatric professionals who locate or continue to
764	practice in underserved areas.
765	(3) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
766	department shall make rules governing the administration of the program, including rules that
767	address:
768	(a) application procedures;
769	(b) eligibility criteria;
770	(c) selection criteria;
771	(d) service conditions, which at a minimum shall include professional service in an

772	underserved area for a minimum period of time by any person receiving a scholarship or loan
773	repayment assistance;
774	(e) penalties for failure to comply with service conditions or other terms of a
775	scholarship or loan repayment contract;
776	(f) criteria for modifying or waiving service conditions or penalties in case of extreme
777	hardship or other good cause; and
778	(g) administration of contracts entered into before the effective date of this act,
779	between the department and scholarship or loan repayment recipients, as authorized by law.
780	(4) The department may provide education loan repayment assistance to an eligible
781	professional if the eligible professional:
782	(a) agrees to practice in an underserved area for the duration of the eligible
783	professional's participation in the program; and
784	(b) submits a written commitment from the health care facility employing the eligible
785	professional that the health care facility will provide education loan repayment assistance to the
786	eligible professional in an amount equal to 20% of the total award amount provided to the
787	eligible professional.
788	(5) The department shall seek and consider the recommendations of the Utah Health
789	Care Workforce Financial Assistance Program Advisory Committee created under Section
790	26B-1-419 as it develops and modifies rules to administer the program.
791	(6) Funding for the program:
792	(a) shall be a line item within the appropriations act;
793	(b) shall be nonlapsing unless designated otherwise by the Legislature; and
794	(c) may be used to cover administrative costs of the program, including reimbursement
795	expenses of the Utah Health Care Workforce Financial Assistance Program Advisory
796	Committee created under Section 26B-1-419.
797	(7) Refunds for loan repayment assistance, penalties for breach of contract, and other
798	payments to the program are dedicated credits to the program.
799	[(8) The department shall prepare an annual report on the revenues, expenditures, and
800	outcomes of the program.]
801	Section 14. Section <b>26B-4-703</b> is amended to read:
802	26B-4-703. Rural Physician Loan Repayment Program Purpose Repayment

803	limit Funding Reporting Rulemaking Advisory committee.
804	(1) There is created within the department the Rural Physician Loan Repayment
805	Program to provide, within funding appropriated by the Legislature for this purpose, education
806	loan repayment assistance to physicians in accordance with Subsection (2).
807	(2) The department may enter into an education loan repayment assistance contract
808	with a physician if:
809	(a) the physician:
810	(i) locates or continues to practice in a rural county; and
811	(ii) has a written commitment from a rural hospital that the hospital will provide
812	education loan repayment assistance to the physician;
813	(b) the assistance provided by the program does not exceed the assistance provided by
814	the rural hospital; and
815	(c) the physician is otherwise eligible for assistance under administrative rules adopted
816	under Subsection (6).
817	(3) Funding for the program:
818	(a) shall be a line item within an appropriations act;
819	(b) may be used to pay for the per diem and travel expenses of the Rural Physician
820	Loan Repayment Program Advisory Committee under Subsection 26B-1-423(5); and
821	(c) may be used to pay for department expenses incurred in the administration of the
822	program:
823	(i) including administrative support provided to the Rural Physician Loan Repayment
824	Program Advisory Committee created under Subsection 26B-1-423(7); and
825	(ii) in an amount not exceeding 10% of funding for the program.
826	(4) Refunds of loan repayment assistance, penalties for breach of contract, and other
827	payments to the program are dedicated credits to the program.
828	(5) [The] Before November 2025 and every five years thereafter, the department shall
829	[prepare an annual] provide a report of the program's revenues, expenditures, and outcomes for
830	the preceding five years to the Social Services Appropriations Subcommittee.
831	(6) (a) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
832	the department shall make rules governing the administration of the program, including rules
022	

833 that address:

834	(i) application procedures;
835	(ii) eligibility criteria;
836	(iii) verification of the amount provided by a rural hospital to a physician for
837	repayment of the physician's education loans;
838	(iv) service conditions, which at a minimum shall include professional service by the
839	physician in the rural hospital providing loan repayment assistance to the physician;
840	(v) selection criteria and assistance amounts;
841	(vi) penalties for failure to comply with service conditions or other terms of a loan
842	repayment assistance contract; and
843	(vii) criteria for modifying or waiving service conditions or penalties in the case of
844	extreme hardship or for other good cause.
845	(b) The department shall seek and consider the recommendations of the Rural
846	Physician Loan Repayment Program Advisory Committee created in Section 26B-1-423 as it
847	develops and modifies rules to administer the program.
848	Section 15. Section <b>26B-4-711</b> is amended to read:
849	26B-4-711. Residency grant program.
850	(1) As used in this section:
851	(a) "D.O. program" means an osteopathic medical program that prepares a graduate to
852	obtain licensure as a doctor of osteopathic medicine upon completing a state's licensing
853	requirements.
854	(b) "M.D. program" means a medical education program that prepares a graduate to
855	obtain licensure as a doctor of medicine upon completing a state's licensing requirements.
856	(c) "Residency program" means a program that provides training for graduates of a
857	D.O. program or an M.D. program.
858	(2) UMEC shall develop a grant program where a sponsoring institution in Utah may
859	apply for a grant to establish a new residency program or expand a current residency program.
860	(3) An applicant for a grant shall:
861	(a) provide the proposed specialty area for each grant funded residency position;
862	(b) identify where the grant funded residency position will provide care;
863	(c) (i) provide proof that the residency program is accredited by the Accreditation
864	Council for Graduate Medical Education; or

865	(ii) identify what actions need to occur for the proposed residency program to become
866	accredited by the Accreditation Council for Graduate Medical Education;
867	(d) identify how a grant funded residency position will be funded once the residency
868	program exhausts the grant money;
869	(e) agree to implement selection processes for a residency position that treat applicants
870	from D.O. programs and applicants from M.D. programs equally;
871	(f) agree to provide information identified by UMEC that relates to post-residency
872	employment outcomes for individuals who work in grant funded residency positions; and
873	(g) provide any other information related to the grant application UMEC deems
874	necessary.
875	(4) UMEC shall prioritize awarding grants to new or existing residency programs that
876	will:
877	(a) address a workforce shortage, occurring in Utah, for a specialty; or
878	(b) serve an underserved population, including a rural population.
879	(5) [Before November 1, 2023, and each] Each November 1 until November 2026 and
880	then every three years thereafter, the Health Workforce Advisory Council, in consultation with
881	UMEC, shall provide a written report to the Higher Education Appropriations Subcommittee
882	and the Social Services Appropriations Subcommittee describing:
883	(a) which sponsoring institutions received a grant;
884	(b) the number of residency positions created; and
885	(c) for each residency position created:
886	(i) the type of specialty;
887	(ii) where the residency position provides care; and
888	(iii) an estimated date of when a grant funded residency position will no longer need
889	grant funding.
890	Section 16. Section <b>26B-5-102</b> is amended to read:
891	26B-5-102. Division of Integrated Healthcare Office of Substance Use and
892	Mental Health Creation Responsibilities.
893	(1) (a) The Division of Integrated Healthcare shall exercise responsibility over the
894	policymaking functions, regulatory and enforcement powers, rights, duties, and responsibilities
895	outlined in state law that were previously vested in the Division of Substance Abuse and

896	Mental Health within the department, under the administration and general supervision of the
897	executive director.
898	(b) The division is the substance abuse authority and the mental health authority for
899	this state.
900	(c) There is created the Office of Substance Use and Mental Health within the division.
901	(d) The office shall exercise the responsibilities, powers, rights, duties, and
902	responsibilities assigned to the office by the executive director.
903	(2) The division shall:
904	(a) (i) educate the general public regarding the nature and consequences of substance
905	use by promoting school and community-based prevention programs;
906	(ii) render support and assistance to public schools through approved school-based
907	substance abuse education programs aimed at prevention of substance use;
908	(iii) promote or establish programs for the prevention of substance use within the
909	community setting through community-based prevention programs;
910	(iv) cooperate with and assist treatment centers, recovery residences, and other
911	organizations that provide services to individuals recovering from a substance use disorder, by
912	identifying and disseminating information about effective practices and programs;
913	(v) promote integrated programs that address an individual's substance use, mental
914	health, and physical health;
915	(vi) establish and promote an evidence-based continuum of screening, assessment,
916	prevention, treatment, and recovery support services in the community for individuals with a
917	substance use disorder or mental illness;
918	(vii) evaluate the effectiveness of programs described in this Subsection (2);
919	(viii) consider the impact of the programs described in this Subsection (2) on:
920	(A) emergency department utilization;
921	(B) jail and prison populations;
922	(C) the homeless population; and
923	(D) the child welfare system; and
924	(ix) promote or establish programs for education and certification of instructors to
925	educate individuals convicted of driving under the influence of alcohol or drugs or driving with
926	any measurable controlled substance in the body;

927	(b) (i) collect and disseminate information pertaining to mental health;
928	(ii) provide direction over the state hospital including approval of the state hospital's
929	budget, administrative policy, and coordination of services with local service plans;
930	(iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
931	Rulemaking Act, to educate families concerning mental illness and promote family
932	involvement, when appropriate, and with patient consent, in the treatment program of a family
933	member; and
934	(iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
935	Rulemaking Act, to direct that an individual receiving services through a local mental health
936	authority or the Utah State Hospital be informed about and, if desired by the individual,
937	provided assistance in the completion of a declaration for mental health treatment in
938	accordance with Section 26B-5-313;
939	(c) (i) consult and coordinate with local substance abuse authorities and local mental
940	health authorities regarding programs and services;
941	(ii) provide consultation and other assistance to public and private agencies and groups
942	working on substance use and mental health issues;
943	(iii) promote and establish cooperative relationships with courts, hospitals, clinics,
944	medical and social agencies, public health authorities, law enforcement agencies, education and
945	research organizations, and other related groups;
946	(iv) promote or conduct research on substance use and mental health issues, and submit
947	to the governor and the Legislature recommendations for changes in policy and legislation;
948	(v) receive, distribute, and provide direction over public funds for substance use and
949	mental health services;
950	(vi) monitor and evaluate programs provided by local substance abuse authorities and
951	local mental health authorities;
952	(vii) examine expenditures of local, state, and federal funds;
953	(viii) monitor the expenditure of public funds by:
954	(A) local substance abuse authorities;
955	(B) local mental health authorities; and
956	(C) in counties where they exist, a private contract provider that has an annual or
957	otherwise ongoing contract to provide comprehensive substance abuse or mental health

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programs or services for the local substance abuse authority or local mental health authority;

(ix) contract with local substance abuse authorities and local mental health authorities
to provide a comprehensive continuum of services that include community-based services for
individuals involved in the criminal justice system, in accordance with division policy, contract

962 provisions, and the local plan;

963 (x) contract with private and public entities for special statewide or nonclinical
964 services, or services for individuals involved in the criminal justice system, according to
965 division rules;

966 (xi) review and approve each local substance abuse authority's plan and each local967 mental health authority's plan in order to ensure:

968 (A) a statewide comprehensive continuum of substance use services;

969 (B) a statewide comprehensive continuum of mental health services;

970 (C) services result in improved overall health and functioning;

971 (D) a statewide comprehensive continuum of community-based services designed to
972 reduce criminal risk factors for individuals who are determined to have substance use or mental
973 illness conditions or both, and who are involved in the criminal justice system;

974 (E) compliance, where appropriate, with the certification requirements in Subsection 975 (2)(j); and

976 (F) appropriate expenditure of public funds;

977 (xii) review and make recommendations regarding each local substance abuse
978 authority's contract with the local substance abuse authority's provider of substance use
979 programs and services and each local mental health authority's contract with the local mental
980 health authority's provider of mental health programs and services to ensure compliance with
981 state and federal law and policy;

982 (xiii) monitor and ensure compliance with division rules and contract requirements;983 and

(xiv) withhold funds from local substance abuse authorities, local mental health
authorities, and public and private providers for contract noncompliance, failure to comply
with division directives regarding the use of public funds, or for misuse of public funds or
money;

988

(d) ensure that the requirements of this part are met and applied uniformly by local

- 989 substance abuse authorities and local mental health authorities across the state;
- (e) require each local substance abuse authority and each local mental health authority,
  in accordance with Subsections 17-43-201(5)(b) and 17-43-301(6)(a)(ii), to submit a plan to
  the division on or before May 15 of each year;
- (f) conduct an annual program audit and review of each local substance abuse authority
  and each local substance abuse authority's contract provider, and each local mental health
  authority and each local mental health authority's contract provider, including:
- 996
- (i) a review and determination regarding whether:
- 997 (A) public funds allocated to the local substance abuse authority or the local mental
  998 health authorities are consistent with services rendered by the authority or the authority's
  999 contract provider, and with outcomes reported by the authority's contract provider; and
- (B) each local substance abuse authority and each local mental health authority is
   exercising sufficient oversight and control over public funds allocated for substance use
   disorder and mental health programs and services; and
- 1003
- (ii) items determined by the division to be necessary and appropriate;
- 1004 (g) define "prevention" by rule as required under Title 32B, Chapter 2, Part 4,
- 1005 Alcoholic Beverage and Substance Abuse Enforcement and Treatment Restricted Account Act;
- 1006 (h) (i) train and certify an adult as a peer support specialist, qualified to provide peer1007 supports services to an individual with:
- 1008 (A) a substance use disorder;
- 1009 (B) a mental health disorder; or
- 1010 (C) a substance use disorder and a mental health disorder;
- 1011 (ii) certify a person to carry out, as needed, the division's duty to train and certify an1012 adult as a peer support specialist;
- 1013 (iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative1014 Rulemaking Act, that:
- 1015 (A) establish training and certification requirements for a peer support specialist;
- 1016 (B) specify the types of services a peer support specialist is qualified to provide;
- 1017 (C) specify the type of supervision under which a peer support specialist is required to 1018 operate; and
- 1019 (D) specify continuing education and other requirements for maintaining or renewing

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1020 certification as a peer support specialist; and 1021 (iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative 1022 Rulemaking Act, that: 1023 (A) establish the requirements for a person to be certified to carry out, as needed, the 1024 division's duty to train and certify an adult as a peer support specialist; and 1025 (B) specify how the division shall provide oversight of a person certified to train and 1026 certify a peer support specialist; 1027 (i) collaborate with the State Commission on Criminal and Juvenile Justice to analyze and provide recommendations to the Legislature regarding: 1028 1029 (i) pretrial services and the resources needed to reduce recidivism; 1030 (ii) county jail and county behavioral health early-assessment resources needed for an 1031 individual convicted of a class A or class B misdemeanor; and 1032 (iii) the replacement of federal dollars associated with drug interdiction law 1033 enforcement task forces that are reduced: 1034 (i) establish performance goals and outcome measurements for a mental health or 1035 substance use treatment program that is licensed under Chapter 2, Part 1, Human Services 1036 Programs and Facilities, and contracts with the department, including goals and measurements 1037 related to employment and reducing recidivism of individuals receiving mental health or 1038 substance use treatment who are involved with the criminal justice system; 1039 (k) annually, on or before November 30, submit a written report to the Judiciary 1040 Interim Committee, the Health and Human Services Interim Committee, and the Law 1041 Enforcement and Criminal Justice Interim Committee, that includes: 1042 (i) a description of the performance goals and outcome measurements described in 1043 Subsection (2)(j); and 1044 (ii) information on the effectiveness of the goals and measurements in ensuring 1045 appropriate and adequate mental health or substance use treatment is provided in a treatment 1046 program described in Subsection (2)(i): 1047 (1) collaborate with the Administrative Office of the Courts, the Department of 1048 Corrections, the Department of Workforce Services, and the Board of Pardons and Parole to 1049 collect data on recidivism in accordance with the metrics and requirements described in 1050 Section 63M-7-102;

1051	(m) at the division's discretion, use the data described in Subsection (2)(l) to make
1052	decisions regarding the use of funds allocated to the division to provide treatment;
1053	(n) annually, on or before August 31, submit the data collected under Subsection (2)(l)
1054	and any recommendations to improve the data collection to the State Commission on Criminal
1055	and Juvenile Justice to be included in the report described in Subsection $63M-7-204(1)(x)$ ;
1056	(o) publish the following on the division's website:
1057	(i) the performance goals and outcome measurements described in Subsection (2)(j);
1058	and
1059	(ii) a description of the services provided and the contact information for the mental
1060	health and substance use treatment programs described in Subsection (2)(j) and residential,
1061	vocational and life skills programs, as defined in Section 13-53-102; and
1062	(p) consult and coordinate with the Division of Child and Family Services to develop
1063	and manage the operation of a program designed to reduce substance use during pregnancy and
1064	by parents of a newborn child that includes:
1065	(i) providing education and resources to health care providers and individuals in the
1066	state regarding prevention of substance use during pregnancy;
1067	(ii) providing training to health care providers in the state regarding screening of a
1068	pregnant woman or pregnant minor to identify a substance use disorder; and
1069	(iii) providing referrals to pregnant women, pregnant minors, or parents of a newborn
1070	child in need of substance use treatment services to a facility that has the capacity to provide
1071	the treatment services.
1072	(3) In addition to the responsibilities described in Subsection (2), the division shall,
1073	within funds appropriated by the Legislature for this purpose, implement and manage the
1074	operation of a firearm safety and suicide prevention program, in consultation with the Bureau
1075	of Criminal Identification created in Section 53-10-201, including:
1076	(a) coordinating with local mental health and substance abuse authorities, a nonprofit
1077	behavioral health advocacy group, and a representative from a Utah-based nonprofit
1078	organization with expertise in the field of firearm use and safety that represents firearm owners,
1079	to:
1080	(i) produce and periodically review and update a firearm safety brochure and other
1081	educational materials with information about the safe handling and use of firearms that

1082	includes:
1083	(A) information on safe handling, storage, and use of firearms in a home environment;
1084	(B) information about at-risk individuals and individuals who are legally prohibited
1085	from possessing firearms;
1086	(C) information about suicide prevention awareness; and
1087	(D) information about the availability of firearm safety packets;
1088	(ii) procure cable-style gun locks for distribution under this section;
1089	(iii) produce a firearm safety packet that includes the firearm safety brochure and the
1090	cable-style gun lock described in this Subsection (3); and
1091	(iv) create a suicide prevention education course that:
1092	(A) provides information for distribution regarding firearm safety education;
1093	(B) incorporates current information on how to recognize suicidal behaviors and
1094	identify individuals who may be suicidal; and
1095	(C) provides information regarding crisis intervention resources;
1096	(b) distributing, free of charge, the firearm safety packet to the following persons, who
1097	shall make the firearm safety packet available free of charge:
1098	(i) health care providers, including emergency rooms;
1099	(ii) mobile crisis outreach teams;
1100	(iii) mental health practitioners;
1101	(iv) other public health suicide prevention organizations;
1102	(v) entities that teach firearm safety courses;
1103	(vi) school districts for use in the seminar, described in Section 53G-9-702, for parents
1104	of students in the school district; and
1105	(vii) firearm dealers to be distributed in accordance with Section 76-10-526;
1106	(c) creating and administering a rebate program that includes a rebate that offers
1107	between \$10 and \$200 off the purchase price of a firearm safe from a participating firearms
1108	dealer or a person engaged in the business of selling firearm safes in Utah, by a Utah resident;
1109	and
1110	(d) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
1111	making rules that establish procedures for:
1112	(i) producing and distributing the suicide prevention education course and the firearm

1113 safety brochures and packets; 1114 (ii) procuring the cable-style gun locks for distribution; and 1115 (iii) administering the rebate program[; and]. 1116 [(e) reporting to the Health and Human Services Interim Committee regarding 1117 implementation and success of the firearm safety program and suicide prevention education 1118 course at or before the November meeting each year.] 1119 (4) (a) The division may refuse to contract with and may pursue legal remedies against 1120 any local substance abuse authority or local mental health authority that fails, or has failed, to 1121 expend public funds in accordance with state law, division policy, contract provisions, or 1122 directives issued in accordance with state law. 1123 (b) The division may withhold funds from a local substance abuse authority or local 1124 mental health authority if the authority's contract provider of substance use or mental health 1125 programs or services fails to comply with state and federal law or policy. 1126 (5) (a) Before reissuing or renewing a contract with any local substance abuse authority 1127 or local mental health authority, the division shall review and determine whether the local 1128 substance abuse authority or local mental health authority is complying with the oversight and 1129 management responsibilities described in Sections 17-43-201, 17-43-203, 17-43-303, and 1130 17-43-309. 1131 (b) Nothing in this Subsection (5) may be used as a defense to the responsibility and 1132 liability described in Section 17-43-303 and to the responsibility and liability described in 1133 Section 17-43-203. 1134 (6) In carrying out the division's duties and responsibilities, the division may not 1135 duplicate treatment or educational facilities that exist in other divisions or departments of the 1136 state, but shall work in conjunction with those divisions and departments in rendering the 1137 treatment or educational services that those divisions and departments are competent and able 1138 to provide. 1139 (7) The division may accept in the name of and on behalf of the state donations, gifts, 1140 devises, or bequests of real or personal property or services to be used as specified by the 1141 donor. 1142 (8) The division shall annually review with each local substance abuse authority and 1143 each local mental health authority the authority's statutory and contract responsibilities

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1144	regarding:
1145	(a) use of public funds;
1146	(b) oversight of public funds; and
1147	(c) governance of substance use disorder and mental health programs and services.
1148	(9) The Legislature may refuse to appropriate funds to the division upon the division's
1149	failure to comply with the provisions of this part.
1150	(10) If a local substance abuse authority contacts the division under Subsection
1151	17-43-201(10) for assistance in providing treatment services to a pregnant woman or pregnant
1152	minor, the division shall:
1153	(a) refer the pregnant woman or pregnant minor to a treatment facility that has the
1154	capacity to provide the treatment services; or
1155	(b) otherwise ensure that treatment services are made available to the pregnant woman
1156	or pregnant minor.
1157	(11) The division shall employ a school-based mental health specialist to be housed at
1158	the State Board of Education who shall work with the State Board of Education to:
1159	(a) provide coordination between a local education agency and local mental health
1160	authority;
1161	(b) recommend evidence-based and evidence informed mental health screenings and
1162	intervention assessments for a local education agency; and
1163	(c) coordinate with the local community, including local departments of health, to
1164	enhance and expand mental health related resources for a local education agency.
1165	Section 17. Section <b>26B-5-110</b> is amended to read:
1166	26B-5-110. Suicide Prevention Education Program Definitions Grant
1167	requirements.
1168	(1) As used in this section, "bureau" means the Bureau of Criminal Identification
1169	created in Section 53-10-201 within the Department of Public Safety.
1170	(2) There is created a Suicide Prevention Education Program to fund suicide
1171	prevention education opportunities for federally licensed firearms dealers who operate a retail
1172	establishment open to the public and the dealers' employees.
1173	(3) The division, in conjunction with the bureau, shall provide a grant to an employer
1174	described in Subsection (2) in accordance with the criteria provided in Subsection

1175	$\left[\frac{26B-5-611(8)(b)}{26B-5-611(7)(b)}\right]$
1176	(4) An employer may apply for a grant of up to $$2,500$ under the program.
1177	Section 18. Section <b>26B-5-114</b> is amended to read:
1178	26B-5-114. Behavioral Health Receiving Center Grant Program.
1179	(1) As used in this section:
1180	(a) "Behavioral health receiving center" means a 23-hour nonsecure program or facility
1181	that is responsible for, and provides mental health crisis services to, an individual experiencing
1182	a mental health crisis.
1183	(b) "Commission" means the Behavioral Health Crisis Response Commission
1184	established in Section 63C-18-202.
1185	(c) "Project" means a behavioral health receiving center project described in
1186	Subsection (2) or (3)(a).
1187	(2) Before July 1, 2020, the division shall issue a request for proposals in accordance
1188	with this section to award a grant to one or more counties of the first or second class, as
1189	classified in Section 17-50-501, to develop and implement a behavioral health receiving center.
1190	(3) (a) Before July 1, 2023, the division shall issue a request for proposals in
1191	accordance with this section to award a grant to one county of the third class, as classified in
1192	Section 17-50- 501, to develop and implement a behavioral health receiving center.
1193	(b) Subject to appropriations by the Legislature, the division shall award grants under
1194	this Subsection (3) before December 31, 2023.
1195	(c) The commission shall provide recommendations to the division regarding the
1196	development and implementation of a behavioral health receiving center.
1197	(4) The purpose of a project is to:
1198	(a) increase access to mental health crisis services for individuals in the state who are
1199	experiencing a mental health crisis; and
1200	(b) reduce the number of individuals in the state who are incarcerated or in a hospital
1201	emergency room while experiencing a mental health crisis.
1202	(5) An application for a grant under this section shall:
1203	(a) identify the population to which the behavioral health receiving center will provide
1204	mental health crisis services;
1205	(b) identify the type of mental health crisis services the behavioral health receiving

1206	center will provide;
1207	(c) explain how the population described in Subsection (5)(a) will benefit from the
1208	provision of mental health crisis services;
1209	(d) provide details regarding:
1210	(i) how the proposed project plans to provide mental health crisis services;
1211	(ii) how the proposed project will ensure that consideration is given to the capacity of
1212	the behavioral health receiving center;
1213	(iii) how the proposed project will ensure timely and effective provision of mental
1214	health crisis services;
1215	(iv) the cost of the proposed project;
1216	(v) any existing or planned contracts or partnerships between the applicant and other
1217	individuals or entities to develop and implement the proposed project;
1218	(vi) any plan to use funding sources in addition to a grant under this section for the
1219	proposed project;
1220	(vii) the sustainability of the proposed project; and
1221	(viii) the methods the proposed project will use to:
1222	(A) protect the privacy of each individual who receives mental health crisis services
1223	from the behavioral health receiving center;
1224	(B) collect nonidentifying data relating to the proposed project; and
1225	(C) provide transparency on the costs and operation of the proposed project; and
1226	(e) provide other information requested by the division to ensure that the proposed
1227	project satisfies the criteria described in Subsection (7).
1228	(6) A recipient of a grant under this section shall enroll as a Medicaid provider and
1229	meet minimum standards of care for behavioral health receiving centers established by the
1230	division.
1231	(7) In evaluating an application for the grant, the division shall consider:
1232	(a) the extent to which the proposed project will fulfill the purposes described in
1233	Subsection (4);
1234	(b) the extent to which the population described in Subsection (5)(a) is likely to benefit
1235	from the proposed project;
1236	(c) the cost of the proposed project;

1237	(d) the extent to which any existing or planned contracts or partnerships between the
1238	applicant and other individuals or entities to develop and implement the project, or additional
1239	funding sources available to the applicant for the proposed project, are likely to benefit the
1240	proposed project; and
1241	(e) the viability and innovation of the proposed project.
1242	[(8) Before June 30, 2023, the division shall report to the Health and Human Services
1243	Interim Committee regarding:]
1244	[(a) data gathered in relation to each project described in Subsection (2);]
1245	[(b) knowledge gained relating to the provision of mental health crisis services in a
1246	behavioral health receiving center;]
1247	[(c) recommendations for the future use of mental health crisis services in behavioral
1248	health receiving centers;]
1249	[(d) obstacles encountered in the provision of mental health crisis services in a
1250	behavioral health receiving center; and]
1251	[(e) recommendations for appropriate Medicaid reimbursement for rural behavioral
1252	health receiving centers.]
1253	$\left[\frac{(9)}{(8)}\right]$ (a) In consultation with the commission, the division shall make rules, in
1254	accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, for the
1255	application and award of a grant under this section.
1256	(b) (i) The rules created under Subsection $[(9)(a)]$ (8)(a) shall:
1257	(A) implement a funding structure for a behavioral health receiving center developed
1258	using a grant awarded under this section;
1259	(B) include implementation standards and minimum program requirements for a
1260	behavioral health receiving center developed using a grant awarded under this section,
1261	including minimum guidelines and standards of care, and minimum staffing requirements; and
1262	(C) require a behavioral health receiving center developed using a grant awarded under
1263	this section to operate 24 hours per day, seven days per week, and every day of the year.
1264	(ii) The funding structure described in Subsection [(9)(b)(i)(A)] (8)(b)(i)(A) shall
1265	provide for tiers and phases of shared funding coverage between the state and counties.
1266	[(10)] (9) Before June 30, 2024, the division shall report to the Health and Human
1267	Services Interim Committee regarding:

1268	(a) grants awarded under Subsection (3)(a); and
1269	(b) the details of each project described in Subsection (3)(a).
1270	[(11)] (10) Before June 30, 2026, the division shall provide a report to the Health and
1271	Human Services Interim Committee that includes[: (a)] data gathered in relation to each project
1272	described in Subsection (3)(a)[; and].
1273	[(b) an update on the items described in Subsections (8)(b) through (d).]
1274	Section 19. Section <b>26B-5-116</b> is amended to read:
1275	26B-5-116. Suicide prevention technical assistance program.
1276	(1) As used in this section, "technical assistance" means training for the prevention of
1277	suicide.
1278	(2) (a) Before July 1, 2021, and each subsequent July 1, the division shall solicit
1279	applications from health care organizations to receive technical assistance provided by the
1280	division.
1281	(b) The division shall approve at least one but not more than six applications each year.
1282	(c) The division shall determine which applicants receive the technical assistance
1283	before December 31 of each year.
1284	(3) An application for technical assistance under this section shall:
1285	(a) identify the population to whom the health care organization will provide suicide
1286	prevention services;
1287	(b) identify how the health care organization plans to implement the skills and
1288	knowledge gained from the technical assistance;
1289	(c) identify the health care organization's current resources used for the prevention of
1290	suicide;
1291	(d) explain how the population described in Subsection (3)(a) will benefit from the
1292	health care organization receiving technical assistance;
1293	(e) provide details regarding:
1294	(i) how the health care organization will provide timely and effective suicide
1295	prevention services;
1296	(ii) any existing or planned contracts or partnerships between the health care
1297	organization and other persons that are related to suicide prevention; and
1298	(iii) the methods the health care organization will use to:

1299	(A) protect the privacy of each individual to whom the health care organization
1300	provides suicide prevention services; and
1301	(B) collect non-identifying data; and
1302	(f) provide other information requested by the division for the division to evaluate the
1303	application.
1304	(4) In evaluating an application for technical assistance, the division shall consider:
1305	(a) the extent to which providing technical assistance to the health care organization
1306	will fulfill the purpose of preventing suicides in the state;
1307	(b) the extent to which the population described in Subsection (3)(a) is likely to benefit
1308	from the health care organization receiving the technical assistance;
1309	(c) the cost of providing the technical assistance to the health care organization; and
1310	(d) the extent to which any of the following are likely to benefit the heath care
1311	organization's ability to assist in preventing suicides in the state:
1312	(i) existing or planned contracts or partnerships between the applicant and other
1313	persons to develop and implement other initiatives; or
1314	(ii) additional funding sources available to the applicant for suicide prevention
1315	services.
1316	[(5) Before June 30, 2022, and each subsequent June 30, the division shall submit a
1317	written report to the Health and Human Services Interim Committee regarding each health care
1318	organization the division provided technical assistance to in the preceding year under this
1319	section.]
1320	[(6) Before June 30, 2024, the division shall submit a written report to the Health and
1321	Human Services Interim Committee regarding:]
1322	[(a) data gathered in relation to providing technical assistance to a health care
1323	organization;]
1324	[(b) knowledge gained relating to providing technical assistance;]
1325	[(c) recommendations for the future regarding how the state can better prevent
1326	suicides; and]
1327	[(d) obstacles encountered when providing technical assistance.]
1328	Section 20. Section 26B-5-611 is amended to read:
1329	26B-5-611. Suicide prevention Reporting requirements.

1330	(1) As used in this section:
1331	(a) "Advisory Council" means the Utah Substance Use and Mental Health Advisory
1332	Council created in Section 63M-7-301.
1333	(b) "Bureau" means the Bureau of Criminal Identification created in Section 53-10-201
1334	within the Department of Public Safety.
1335	(c) "Coalition" means the Statewide Suicide Prevention Coalition created under
1336	Subsection (3).
1337	(d) "Coordinator" means the state suicide prevention coordinator appointed under
1338	Subsection (2).
1339	(e) "Fund" means the Governor's Suicide Prevention Fund created in Section
1340	26B-1-325.
1341	(f) "Intervention" means an effort to prevent a person from attempting suicide.
1342	(g) "Legal intervention" means an incident in which an individual is shot by another
1343	individual who has legal authority to use deadly force.
1344	(h) "Postvention" means intervention after a suicide attempt or a suicide death to
1345	reduce risk and promote healing.
1346	(i) "Shooter" means an individual who uses a gun in an act that results in the death of
1347	the actor or another individual, whether the act was a suicide, homicide, legal intervention, act
1348	of self-defense, or accident.
1349	(2) The division shall appoint a state suicide prevention coordinator to administer a
1350	state suicide prevention program composed of suicide prevention, intervention, and postvention
1351	programs, services, and efforts.
1352	(3) The coordinator shall:
1353	(a) establish a Statewide Suicide Prevention Coalition with membership from public
1354	and private organizations and Utah citizens; and
1355	(b) appoint a chair and co-chair from among the membership of the coalition to lead
1356	the coalition.
1357	(4) The state suicide prevention program may include the following components:
1358	(a) delivery of resources, tools, and training to community-based coalitions;
1359	(b) evidence-based suicide risk assessment tools and training;
1360	(c) town hall meetings for building community-based suicide prevention strategies;

1361	(d) suicide prevention gatekeeper training;
1362	(e) training to identify warning signs and to manage an at-risk individual's crisis;
1363	(f) evidence-based intervention training;
1364	(g) intervention skills training;
1365	(h) postvention training; or
1366	(i) a public education campaign to improve public awareness about warning signs of
1367	suicide and suicide prevention resources.
1368	(5) The coordinator shall coordinate with the following to gather statistics, among
1369	other duties:
1370	(a) local mental health and substance abuse authorities;
1371	(b) the State Board of Education, including the public education suicide prevention
1372	coordinator described in Section 53G-9-702;
1373	(c) applicable divisions and offices within the department;
1374	(d) health care providers, including emergency rooms;
1375	(e) federal agencies, including the Federal Bureau of Investigation;
1376	(f) other unbiased sources; and
1377	(g) other public health suicide prevention efforts.
1378	[(6) The coordinator shall provide a written report to the Health and Human Services
1379	Interim Committee, at or before the October meeting every year, on:]
1380	[(a) implementation of the state suicide prevention program, as described in
1381	Subsections (2) and (4);]
1382	[(b) data measuring the effectiveness of each component of the state suicide prevention
1383	program;]
1384	[(c) funds appropriated for each component of the state suicide prevention program;
1385	and]
1386	[(d) five-year trends of suicides in Utah, including subgroups of youths and adults and
1387	other subgroups identified by the state suicide prevention coordinator.]
1388	[(7)] (6) The coordinator shall, in consultation with the bureau, implement and manage
1389	the operation of the firearm safety program described in Subsection 26B-5-102(3).
1390	[ <del>(8)</del> ] (7) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking
1391	Act, the division shall make rules:

1392	(a) governing the implementation of the state suicide prevention program, consistent
1393	with this section; and
1394	(b) in conjunction with the bureau, defining the criteria for employers to apply for
1395	grants under the Suicide Prevention Education Program described in Section 26B-5-110, which
1396	shall include:
1397	(i) attendance at the suicide prevention education course described in Subsection
1398	26B-5-102(3); and
1399	(ii) distribution of the firearm safety brochures or packets created in Subsection
1400	26B-5-102(3), but does not require the distribution of a cable-style gun lock with a firearm if
1401	the firearm already has a trigger lock or comparable safety mechanism.
1402	[(9)] (8) As funding by the Legislature allows, the coordinator shall award grants, not
1403	to exceed a total of \$100,000 per fiscal year, to suicide prevention programs that focus on the
1404	needs of children who have been served by the Division of Juvenile Justice and Youth
1405	Services.
1406	[(10)] (9) The coordinator and the coalition shall submit to the advisory council, no
1407	later than October 1 each year, a written report detailing the previous fiscal year's activities to
1408	fund, implement, and evaluate suicide prevention activities described in this section.
1409	Section 21. Section <b>26B-6-304</b> is amended to read:
1410	26B-6-304. Powers and duties of the office.
1411	(1) The office shall:
1412	(a) develop and operate a statewide program to:
1413	(i) educate the public about the role and function of guardians and conservators;
1414	(ii) educate guardians and conservators on:
1415	(A) the duties of a guardian and a conservator; and
1416	(B) standards set by the National Guardianship Association for guardians and
1417	conservators; and
1418	(iii) serve as a guardian, conservator, or both for a ward upon appointment by a court
1419	when no other person is able and willing to do so and the office petitioned for or agreed in
1420	advance to the appointment;
1421	(b) possess and exercise all the powers and duties specifically given to the office by
1422	virtue of being appointed as guardian or conservator of a ward, including the power to access a

1423	ward's records;
1424	(c) review and monitor the personal and, if appropriate, financial status of each ward
1425	for whom the office has been appointed to serve as guardian or conservator;
1426	(d) train and monitor each employee and volunteer, and monitor each contract provider
1427	to whom the office has delegated a responsibility for a ward;
1428	(e) retain all court-delegated powers and duties for a ward;
1429	(f) report on the personal and financial status of a ward as required by a court in
1430	accordance with Title 75, Chapter 5, Protection of Persons Under Disability and Their
1431	Property;
1432	(g) handle a ward's funds in accordance with the department's trust account system;
1433	(h) request that the department's audit plan, established pursuant to Section 63I-5-401,
1434	include the requirement of an annual audit of all funds and property held by the office on behalf
1435	of wards;
1436	(i) maintain accurate records concerning each ward, the ward's property, and office
1437	services provided to the ward;
1438	(j) make reasonable and continuous efforts to find a family member, friend, or other
1439	person to serve as a ward's guardian or conservator; and
1440	(k) after termination as guardian or conservator, distribute a ward's property in
1441	accordance with Title 75, Chapter 5, Protection of Persons Under Disability and Their
1442	Property[ <del>; and</del> ].
1443	[(1) submit recommendations for changes in state law and funding to the governor and
1444	the Legislature and report to the governor and Legislature, upon request.]
1445	(2) The office may:
1446	(a) petition a court pursuant to Title 75, Chapter 5, Protection of Persons Under
1447	Disability and Their Property, to be appointed an incapacitated person's guardian, conservator,
1448	or both after conducting a prepetition assessment under Section 26B-6-305;
1449	(b) develop and operate a statewide program to recruit, train, supervise, and monitor
1450	volunteers to assist the office in providing guardian and conservator services;
1451	(c) delegate one or more responsibilities for a ward to an employee, volunteer, or
1452	contract provider, except as provided in Subsection 26B-6-305(1);
1453	(d) solicit and receive private donations to provide guardian and conservator services

1454	under this part; and
1455	(e) adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative
1456	Rulemaking Act, to:
1457	(i) effectuate policy; and
1458	(ii) carry out the office's role as guardian and conservator of wards as provided in this
1459	chapter.
1460	Section 22. Section <b>26B-6-703</b> is amended to read:
1461	26B-6-703. Powers and duties of ombudsman.
1462	The ombudsman shall:
1463	(1) develop and maintain expertise in laws and policies governing the rights and
1464	privileges of an individual with a disability;
1465	(2) provide training and information to private citizens, civic groups, governmental
1466	entities, and other interested parties across the state regarding:
1467	(a) the role and duties of the ombudsman;
1468	(b) the rights and privileges of an individual with a disability; and
1469	(c) services available in the state to an individual with a disability;
1470	(3) develop a website to provide the information described in Subsection (2) in a form
1471	that is easily accessible;
1472	(4) receive, process, and investigate complaints in accordance with this part;
1473	(5) review periodically the procedures of state entities that serve individuals with a
1474	disability;
1475	(6) cooperate and coordinate with governmental entities and other organizations in the
1476	community in exercising the duties under this section, including the long-term care
1477	ombudsman program, created in Section 26B-2-303, and the child protection ombudsman,
1478	appointed under Section 80-2-1104, when there is overlap between the responsibilities of the
1479	ombudsman and the long-term care ombudsman program or the child protection ombudsman;
1480	(7) as appropriate, make recommendations to the division regarding rules to be made in
1481	accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that the
1482	ombudsman considers necessary to carry out the ombudsman's duties under this part; and
1483	[(8) submit annually, by July 1, to the Health and Human Services Interim Committee,
1484	a report describing:]

1485	[(a) the work of the ombudsman; and]
1486	[(b) any recommendations for statutory changes to improve the effectiveness of the
1487	ombudsman in performing the duties under this section; and]
1488	[(9)] (8) perform other duties required by law.
1489	Section 23. Section <b>26B-7-117</b> is amended to read:
1490	26B-7-117. Syringe exchange and education.
1491	(1) The following may operate a syringe exchange program in the state to prevent the
1492	transmission of disease and reduce morbidity and mortality among individuals who inject
1493	drugs, and those individuals' contacts:
1494	(a) a government entity, including:
1495	(i) the department;
1496	(ii) a local health department; or
1497	(iii) a local substance abuse authority, as defined in Section 26B-5-101;
1498	(b) a nongovernment entity, including:
1499	(i) a nonprofit organization; or
1500	(ii) a for-profit organization; or
1501	(c) any other entity that complies with Subsections (2) and $[(4)]$ (3).
1502	(2) An entity operating a syringe exchange program in the state shall:
1503	(a) facilitate the exchange of an individual's used syringe for one or more new syringes
1504	in sealed sterile packages;
1505	(b) ensure that a recipient of a new syringe is given verbal and written instruction on:
1506	(i) methods for preventing the transmission of blood-borne diseases, including hepatitis
1507	C and human immunodeficiency virus; and
1508	(ii) options for obtaining:
1509	(A) services for the treatment of a substance use disorder;
1510	(B) testing for a blood-borne disease; and
1511	(C) an opiate antagonist; and
1512	(c) report annually to the department the following information about the program's
1513	activities:
1514	(i) the number of individuals who have exchanged syringes;
1515	(ii) the number of used syringes exchanged for new syringes; and

1516	(iii) the number of new syringes provided in exchange for used syringes.
1517	[(3) No later than October 1, 2017, and every two years thereafter, the department shall
1518	report to the Legislature's Health and Human Services Interim Committee on:]
1519	[(a) the activities and outcomes of syringe programs operating in the state, including:]
1520	[(i) the number of individuals who have exchanged syringes;]
1521	[(ii) the number of used syringes exchanged for new syringes;]
1522	[(iii) the number of new syringes provided in exchange for used syringes;]
1523	[(iv) the impact of the programs on blood-borne infection rates; and]
1524	[(v) the impact of the programs on the number of individuals receiving treatment for a
1525	substance use disorder;]
1526	[(b) the potential for additional reductions in the number of syringes contaminated with
1527	blood-borne disease if the programs receive additional funding;]
1528	[(c) the potential for additional reductions in state and local government spending if the
1529	programs receive additional funding;]
1530	[(d) whether the programs promote illicit use of drugs; and]
1531	[(e) whether the programs should be continued, continued with modifications, or
1532	terminated.]
1533	[(4)] (3) The department shall make rules, in accordance with Title 63G, Chapter 3,
1534	Utah Administrative Rulemaking Act, specifying how and when an entity operating a syringe
1535	exchange program shall make the report required by Subsection (2)(c).
1536	Section 24. Section <b>26B-7-119</b> is amended to read:
1537	26B-7-119. Hepatitis C Outreach Pilot Program.
1538	(1) As used in this section, "Hepatitis C outreach organization" means a private
1539	nonprofit organization that:
1540	(a) has an established relationship with individuals who are at risk of acquiring acute
1541	Hepatitis C;
1542	(b) helps individuals who need Hepatitis C treatment, but who do not qualify for
1543	payment of the treatment by the Medicaid program or another health insurer, to obtain
1544	treatment;
1545	(c) has the infrastructure necessary for conducting Hepatitis C assessment, testing, and
1546	diagnosis, including clinical staff with the training and ability to provide:

1 5 4 7	
1547	(i) specimen collection for Hepatitis C testing;
1548	(ii) clinical assessments;
1549	(iii) consultation regarding blood-borne diseases; and
1550	(iv) case management services for patient support during Hepatitis C treatment; or
1551	(d) has a partnership with a health care facility that can provide clinical follow-up and
1552	medical treatment following Hepatitis C rapid antibody testing and confirmatory testing.
1553	(2) There is created within the department the Hepatitis C Outreach Pilot Program.
1554	(3) Before September 1, 2020, the department shall, as funding permits, make grants to
1555	Hepatitis C outreach organizations in accordance with criteria established by the department
1556	under Subsection (4).
1557	(4) Before July 1, 2020, the department shall make rules, in accordance with Title 63G,
1558	Chapter 3, Utah Administrative Rulemaking Act, to:
1559	(a) create application requirements for a grant from the program;
1560	(b) establish criteria for determining:
1561	(i) whether a grant is awarded, including criteria that ensure grants are awarded to areas
1562	of the state, including rural areas, that would benefit most from the grant; and
1563	(ii) the amount of a grant; and
1564	(c) specify reporting requirements for the recipient of a grant under this section.
1565	[(5) Before October 1, 2021, and before October 1 every year thereafter, the
1566	department shall submit a report to the Health and Human Services Interim Committee and the
1567	Social Services Appropriations Subcommittee on the outcomes of the Hepatitis C Outreach
1568	Pilot Program.]
1569	Section 25. Section 26B-8-504 is amended to read:
1570	26B-8-504. Health care cost and reimbursement data.
1571	(1) The committee shall, as funding is available:
1572	(a) establish a plan for collecting data from data suppliers to determine measurements
1573	of cost and reimbursements for risk-adjusted episodes of health care;
1574	(b) share data regarding insurance claims and an individual's and small employer
1575	group's health risk factor and characteristics of insurance arrangements that affect claims and
1576	usage with the Insurance Department, only to the extent necessary for:
1577	(i) risk adjusting; and

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1578	(ii) the review and analysis of health insurers' premiums and rate filings; [and]
1579	(c) assist the Legislature and the public with awareness of, and the promotion of,
1580	transparency in the health care market by reporting on:
1581	(i) geographic variances in medical care and costs as demonstrated by data available to
1582	the committee; and
1583	(ii) rate and price increases by health care providers:
1584	(A) that exceed the Consumer Price Index - Medical as provided by the United States
1585	Bureau of Labor Statistics;
1586	(B) as calculated yearly from June to June; and
1587	(C) as demonstrated by data available to the committee;
1588	(d) provide on at least a monthly basis, enrollment data collected by the committee to a
1589	not-for-profit, broad-based coalition of state health care insurers and health care providers that
1590	are involved in the standardized electronic exchange of health data as described in Section
1591	31A-22-614.5, to the extent necessary:
1592	(i) for the department or the [Medicaid Office of the Inspector General] Office of
1593	Inspector General of Medicaid Services to determine insurance enrollment of an individual for
1594	the purpose of determining Medicaid third party liability;
1595	(ii) for an insurer that is a data supplier, to determine insurance enrollment of an
1596	individual for the purpose of coordination of health care benefits; and
1597	(iii) for a health care provider, to determine insurance enrollment for a patient for the
1598	purpose of claims submission by the health care provider;
1599	(e) coordinate with the State Emergency Medical Services Committee to publish data
1600	regarding air ambulance charges under Section 26B-4-106; and
1601	(f) share data collected under this part with the state auditor for use in the health care
1602	price transparency tool described in Section 67-3-11[; and].
1603	[(g) publish annually a report on primary care spending within Utah.]
1604	(2) A data supplier is not liable for a breach of or unlawful disclosure of the data
1605	caused by an entity that obtains data in accordance with Subsection (1).
1606	(3) The plan adopted under Subsection (1) shall include:
1607	(a) the type of data that will be collected;
1608	(b) how the data will be evaluated;

1609	(c) how the data will be used;
1610	(d) the extent to which, and how the data will be protected; and
1611	(e) who will have access to the data.
1612	Section 26. Section 63C-18-203 is amended to read:
1613	63C-18-203. Commission duties Reporting requirements.
1614	(1) The commission shall:
1615	(a) identify a method to integrate existing local mental health crisis lines to ensure each
1616	individual who accesses a local mental health crisis line is connected to a qualified mental or
1617	behavioral health professional, regardless of the time, date, or number of individuals trying to
1618	simultaneously access the local mental health crisis line;
1619	(b) study how to establish and implement a statewide mental health crisis line and a
1620	statewide warm line, including identifying:
1621	(i) a statewide phone number or other means for an individual to easily access the
1622	statewide mental health crisis line, including a short code for text messaging and a three-digit
1623	number for calls;
1624	(ii) a statewide phone number or other means for an individual to easily access the
1625	statewide warm line, including a short code for text messaging and a three-digit number for
1626	calls;
1627	(iii) a supply of:
1628	(A) qualified mental or behavioral health professionals to staff the statewide mental
1629	health crisis line; and
1630	(B) qualified mental or behavioral health professionals or certified peer support
1631	specialists to staff the statewide warm line; and
1632	(iv) a funding mechanism to operate and maintain the statewide mental health crisis
1633	line and the statewide warm line;
1634	(c) coordinate with local mental health authorities in fulfilling the commission's duties
1635	described in Subsections (1)(a) and (b);
1636	(d) recommend standards for the certifications described in Section 26B-5-610; and
1637	(e) coordinate services provided by local mental health crisis lines and mobile crisis
1638	outreach teams, as defined in Section 62A-15-1401.
1639	(2) The commission shall study and make recommendations regarding:

1640	(a) crisis line practices and needs, including:
1641	(i) quality and timeliness of service;
1642	(ii) service volume projections;
1643	(iii) a statewide assessment of crisis line staffing needs, including required
1644	certifications; and
1645	(iv) a statewide assessment of technology needs;
1646	(b) primary duties performed by crisis line workers;
1647	(c) coordination or redistribution of secondary duties performed by crisis line workers,
1648	including responding to non-emergency calls;
1649	(d) operating the statewide 988 hotline:
1650	(i) in accordance with federal law;
1651	(ii) to ensure the efficient and effective routing of calls to an appropriate crisis center;
1652	and
1653	(iii) to directly respond to calls with trained personnel and the provision of acute
1654	mental health, crisis outreach, and stabilization services;
1655	(e) opportunities to increase operational and technological efficiencies and
1656	effectiveness between 988 and 911, utilizing current technology;
1657	(f) needs for interoperability partnerships and policies related to 911 call transfers and
1658	public safety responses;
1659	(g) standards for statewide mobile crisis outreach teams, including:
1660	(i) current models and projected needs;
1661	(ii) quality and timeliness of service;
1662	(iii) hospital and jail diversions; and
1663	(iv) staffing and certification;
1664	(h) resource centers, including:
1665	(i) current models and projected needs; and
1666	(ii) quality and timeliness of service;
1667	(i) policy considerations related to whether the state should:
1668	(i) manage, operate, and pay for a complete behavioral health system; or
1669	(ii) create partnerships with private industry; and
1670	(j) sustainable funding source alternatives, including:

1671	(i) charging a 988 fee, including a recommendation on the fee amount;
1672	(ii) General Fund appropriations;
1673	(iii) other government funding options;
1674	(iv) private funding sources;
1675	(v) grants;
1676	(vi) insurance partnerships, including coverage for support and treatment after initial
1677	call and triage; and
1678	(vii) other funding resources.
1679	(3) The commission may conduct other business related to the commission's duties
1680	described in this section.
1681	(4) The commission shall consult with the Office of Substance Use and Mental Health
1682	regarding:
1683	(a) the standards and operation of the statewide mental health crisis line and the
1684	statewide warm line, in accordance with Section 26B-5-610; and
1685	(b) the incorporation of the statewide mental health crisis line and the statewide warm
1686	line into behavioral health systems throughout the state.
1687	[(5) Beginning in 2023, by no later than the last interim meeting of the Health and
1688	Human Services Interim Committee each year, the commission shall report to the Health and
1689	Human Services Interim Committee on the matters described in Subsections (1) and (2),
1690	including any recommendations, legislation proposals, and opportunities for behavioral health
1691	crisis response system improvement.]
1692	Section 27. Section 63I-1-226 (Superseded 07/01/24) is amended to read:
1693	63I-1-226 (Superseded 07/01/24). Repeal dates: Titles 26A through 26B.
1694	(1) Subsection 26B-1-204(2)(i), related to the Primary Care Grant Committee, is
1695	repealed July 1, 2025.
1696	(2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1,
1697	2024.
1698	(3) Section 26B-1-319, which creates the Neuro-Rehabilitation Fund, is repealed
1699	January 1, 2025.
1700	(4) Section 26B-1-320, which creates the Pediatric Neuro-Rehabilitation Fund, is
1701	repealed January 1, 2025.

1702	[(5) Subsection 26B-1-324(4), the language that states "the Behavioral Health Crisis
1703	Response Commission, as defined in Section 63C-18-202," is repealed December 31, 2026.]
1704	[(6) Subsection 26B-1-329(6), related to the Behavioral Health Crisis Response
1705	Commission, is repealed December 31, 2026.]
1706	[(7)] (5) Section 26B-1-402, related to the Rare Disease Advisory Council Grant
1707	Program, is repealed July 1, 2026.
1708	[(8)] (6) Section 26B-1-409, which creates the Utah Digital Health Service
1709	Commission, is repealed July 1, 2025.
1710	[(9)] (7) Section 26B-1-410, which creates the Primary Care Grant Committee, is
1711	repealed July 1, 2025.
1712	[(10)] (8) Section 26B-1-416, which creates the Utah Children's Health Insurance
1713	Program Advisory Council, is repealed July 1, 2025.
1714	[(11)] (9) Section 26B-1-417, which creates the Brain Injury Advisory Committee, is
1715	repealed July 1, 2025.
1716	[(12)] (10) Section 26B-1-418, which creates the Neuro-Rehabilitation Fund and
1717	Pediatric Neuro-Rehabilitation Fund Advisory Committee, is repealed January 1, 2025.
1718	[(13)] (11) Section 26B-1-422, which creates the Early Childhood Utah Advisory
1719	Council, is repealed July 1, 2029.
1720	[(14)] (12) Section 26B-1-428, which creates the Youth Electronic Cigarette,
1721	Marijuana, and Other Drug Prevention Program, is repealed July 1, 2025.
1722	[(15)] (13) Section 26B-1-430, which creates the Coordinating Council for Persons
1723	with Disabilities, is repealed July 1, 2027.
1724	[(16)] (14) Section 26B-1-431, which creates the Forensic Mental Health Coordinating
1725	Council, is repealed July 1, 2023.
1726	[(17)] (15) Section 26B-1-432, which creates the Newborn Hearing Screening
1727	Committee, is repealed July 1, 2026.
1728	[(18)] (16) Section 26B-1-434, regarding the Correctional Postnatal and Early
1729	Childhood Advisory Board, is repealed July 1, 2026.
1730	[(19)] (17) Section 26B-2-407, related to drinking water quality in child care centers, is
1731	repealed July 1, 2027.
1732	[(20)] (18) Subsection 26B-3-107(9), which addresses reimbursement for dental

1733	hygienists, is repealed July 1, 2028.
1734	[(21)] (19) Section 26B-3-136, which creates the Children's Health Care Coverage
1735	Program, is repealed July 1, 2025.
1736	[(22)] (20) Section 26B-3-137, related to reimbursement for the National Diabetes
1737	Prevention Program, is repealed June 30, 2027.
1738	[(23)] (21) Subsection 26B-3-213(2), the language that states "and the Behavioral
1739	Health Crisis Response Commission created in Section 63C-18-202" is repealed December 31,
1740	2026.
1741	[ <del>(24)</del> ] <u>(22)</u> Sections 26B-3-302 through 26B-3-309, regarding the Drug Utilization
1742	Review Board, are repealed July 1, 2027.
1743	[(25)] (23) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July
1744	1, 2024.
1745	[(26)] (24) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is
1746	repealed July 1, 2024.
1747	[(27)] (25) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July
1748	1, 2028.
1749	[(28)] (26) Section 26B-3-910, regarding alternative eligibility, is repealed July 1,
1750	2028.
1751	[(29)] (27) Section 26B-4-136, related to the Volunteer Emergency Medical Service
1752	Personnel Health Insurance Program, is repealed July 1, 2027.
1753	[(30)] (28) Section 26B-4-710, related to rural residency training programs, is repealed
1754	July 1, 2025.
1755	[(31)] (29) Subsections 26B-5-112(1) and (5), the language that states "In consultation
1756	with the Behavioral Health Crisis Response Commission, established in Section 63C-18-202,"
1757	is repealed December 31, 2026.
1758	[ <del>(32)</del> ] <u>(30)</u> Section 26B-5-112.5 is repealed December 31, 2026.
1759	[(33)] (31) Section 26B-5-114, related to the Behavioral Health Receiving Center
1760	Grant Program, is repealed December 31, 2026.
1761	[(34)] (32) Section 26B-5-118, related to collaborative care grant programs, is repealed
1762	December 31, 2024.
1763	[ <del>(35)</del> ] <u>(33)</u> Section 26B-5-120 is repealed December 31, 2026.

1764	[(36)] (34) In relation to the Utah Assertive Community Treatment Act, on July 1,
1765	2024:
1766	(a) Subsection 26B-5-606(2)(a)(i), the language that states "and" is repealed; and
1767	(b) Subsections 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c) are
1768	repealed.
1769	[(37)] (35) In relation to the Behavioral Health Crisis Response Commission, on
1770	December 31, 2026:
1771	(a) Subsection 26B-5-609(1)(a) is repealed;
1772	(b) Subsection 26B-5-609(3)(a), the language that states "With recommendations from
1773	the commission," is repealed;
1774	(c) Subsection 26B-5-610(1)(b) is repealed;
1775	(d) Subsection $26B-5-610(2)(b)$ , the language that states "and in consultation with the
1776	commission," is repealed; and
1777	(e) Subsection $26B-5-610(4)$ , the language that states "In consultation with the
1778	commission," is repealed.
1779	[(38)] (36) Subsections 26B-5-611(1)(a) and $[(10)]$ (8), in relation to the Utah
1780	Substance Use and Mental Health Advisory Council, are repealed January 1, 2033.
1781	[(39)] (37) Section 26B-5-612, related to integrated behavioral health care grant
1782	programs, is repealed December 31, 2025.
1783	$\left[\frac{(40)}{(38)}\right]$ [Subsection 26B-7-119(5)] Section 26B-7-119, related to [reports to the
1784	Legislature on the outcomes of] the Hepatitis C Outreach Pilot Program, is repealed July 1,
1785	2028.
1786	[(41) Section 26B-7-224, related to reports to the Legislature on violent incidents and
1787	fatalities involving substance abuse, is repealed December 31, 2027.]
1788	[(42)] (39) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1,
1789	2024.
1790	[(43)] (40) Section 26B-8-513, related to identifying overuse of non-evidence-based
1791	health care, is repealed December 31, 2023.
1792	Section 28. Section 63I-1-226 (Effective 07/01/24) is amended to read:
1793	63I-1-226 (Effective 07/01/24). Repeal dates: Titles 26A through 26B.
1794	(1) Subsection 26B-1-204(2)(i), related to the Primary Care Grant Committee, is

1795 repealed July 1, 2025. 1796 (2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1, 1797 2024. 1798 (3) Section 26B-1-319, which creates the Neuro-Rehabilitation Fund, is repealed 1799 January 1, 2025. 1800 (4) Section 26B-1-320, which creates the Pediatric Neuro-Rehabilitation Fund, is 1801 repealed January 1, 2025. 1802 [(5) Subsection 26B-1-324(4), the language that states "the Behavioral Health Crisis Response Commission, as defined in Section 63C-18-202," is repealed December 31, 2026.] 1803 1804 [(6) Subsection 26B-1-329(6), related to the Behavioral Health Crisis Response 1805 Commission, is repealed December 31, 2026.] 1806 [(7)] (5) Section 26B-1-402, related to the Rare Disease Advisory Council Grant 1807 Program, is repealed July 1, 2026. 1808 [<del>(8)</del>] (6) Section 26B-1-409, which creates the Utah Digital Health Service 1809 Commission, is repealed July 1, 2025. 1810  $\left[\frac{(9)}{2}\right]$  (7) Section 26B-1-410, which creates the Primary Care Grant Committee, is repealed July 1, 2025. 1811 1812 [(10)] (8) Section 26B-1-416, which creates the Utah Children's Health Insurance 1813 Program Advisory Council, is repealed July 1, 2025. [(11)] (9) Section 26B-1-417, which creates the Brain Injury Advisory Committee, is 1814 1815 repealed July 1, 2025. 1816 [(12)] (10) Section 26B-1-418, which creates the Neuro-Rehabilitation Fund and 1817 Pediatric Neuro-Rehabilitation Fund Advisory Committee, is repealed January 1, 2025. 1818 [(13)] (11) Section 26B-1-422, which creates the Early Childhood Utah Advisory 1819 Council, is repealed July 1, 2029. 1820 [(14)] (12) Section 26B-1-428, which creates the Youth Electronic Cigarette, 1821 Marijuana, and Other Drug Prevention Program, is repealed July 1, 2025. 1822 [(15)] (13) Section 26B-1-430, which creates the Coordinating Council for Persons 1823 with Disabilities, is repealed July 1, 2027. 1824 [(14) Section 26B-1-431, which creates the Forensic Mental Health Coordinating 1825 Council, is repealed July 1, 2023.

1826	[(17)] (15) Section 26B-1-432, which creates the Newborn Hearing Screening
1827	Committee, is repealed July 1, 2026.
1828	[(18)] (16) Section 26B-1-434, regarding the Correctional Postnatal and Early
1829	Childhood Advisory Board, is repealed July 1, 2026.
1830	[(19)] (17) Section 26B-2-407, related to drinking water quality in child care centers, is
1831	repealed July 1, 2027.
1832	[(20)] (18) Subsection 26B-3-107(9), which addresses reimbursement for dental
1833	hygienists, is repealed July 1, 2028.
1834	[(21)] (19) Section 26B-3-136, which creates the Children's Health Care Coverage
1835	Program, is repealed July 1, 2025.
1836	[(22)] (20) Section 26B-3-137, related to reimbursement for the National Diabetes
1837	Prevention Program, is repealed June 30, 2027.
1838	[(23)] (21) Subsection 26B-3-213(2), the language that states "and the Behavioral
1839	Health Crisis Response Commission created in Section 63C-18-202" is repealed December 31,
1840	2026.
1841	[(24)] (22) Sections 26B-3-302 through 26B-3-309, regarding the Drug Utilization
1842	Review Board, are repealed July 1, 2027.
1843	[(25)] (23) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July
1844	1, 2024.
1845	[(26)] (24) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is
1846	repealed July 1, 2024.
1847	[(27)] (25) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July
1848	1, 2028.
1849	[(28)] (26) Section 26B-3-910, regarding alternative eligibility, is repealed July 1,
1850	2028.
1851	[(29)] (27) Section 26B-4-710, related to rural residency training programs, is repealed
1852	July 1, 2025.
1853	[(30)] (28) Subsections 26B-5-112(1) and (5), the language that states "In consultation
1854	with the Behavioral Health Crisis Response Commission, established in Section 63C-18-202,"
1855	is repealed December 31, 2026.
1856	[(31)] (29) Section 26B-5-112.5 is repealed December 31, 2026.

1857	[(32)] (30) Section 26B-5-114, related to the Behavioral Health Receiving Center
1858	Grant Program, is repealed December 31, 2026.
1859	[(33)] (31) Section 26B-5-118, related to collaborative care grant programs, is repealed
1860	December 31, 2024.
1861	[(34)] (32) Section 26B-5-120 is repealed December 31, 2026.
1862	[(35)] (33) In relation to the Utah Assertive Community Treatment Act, on July 1,
1863	2024:
1864	(a) Subsection 26B-5-606(2)(a)(i), the language that states "and" is repealed; and
1865	(b) Subsections 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c) are
1866	repealed.
1867	[(36)] (34) In relation to the Behavioral Health Crisis Response Commission, on
1868	December 31, 2026:
1869	(a) Subsection 26B-5-609(1)(a) is repealed;
1870	(b) Subsection $26B-5-609(3)(a)$ , the language that states "With recommendations from
1871	the commission," is repealed;
1872	(c) Subsection 26B-5-610(1)(b) is repealed;
1873	(d) Subsection $26B-5-610(2)(b)$ , the language that states "and in consultation with the
1874	commission," is repealed; and
1875	(e) Subsection $26B-5-610(4)$ , the language that states "In consultation with the
1876	commission," is repealed.
1877	[(37)] (35) Subsections 26B-5-611(1)(a) and $[(10)]$ (8), in relation to the Utah
1878	Substance Use and Mental Health Advisory Council, are repealed January 1, 2033.
1879	[(38)] (36) Section 26B-5-612, related to integrated behavioral health care grant
1880	programs, is repealed December 31, 2025.
1881	[ <del>(39)</del> ] <u>(37)</u> [Subsection 26B-7-119(5)] Section 26B-7-119, related to [reports to the
1882	Legislature on the outcomes of] the Hepatitis C Outreach Pilot Program, is repealed July 1,
1883	2028.
1884	[(40) Section 26B-7-224, related to reports to the Legislature on violent incidents and
1885	fatalities involving substance abuse, is repealed December 31, 2027.]
1886	[(41)] (38) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1,
1887	2024.

1888	[(42)] (20) Section 2(P. 8, 512, related to identifying evenues of non-avidence based
	[(42)] (39) Section 26B-8-513, related to identifying overuse of non-evidence-based
1889	health care, is repealed December 31, 2023.
1890	Section 29. Section 63I-1-276 is amended to read:
1891	63I-1-276. Repeal dates: Title 76.
1892	(1) Subsection 76-7-313(6), relating to the report provided by the Department of
1893	Health and Human Services, is repealed July 1, 2027.
1894	(2) Section 76-10-526.1, relating to an information check before the private sale of a
1895	firearm, is repealed July 1, 2025.
1896	Section 30. Section 63I-2-226 (Superseded 07/01/24) is amended to read:
1897	63I-2-226 (Superseded 07/01/24). Repeal dates: Titles 26A through 26B.
1898	(1) Subsection 26B-1-204(2)(e), related to the Air Ambulance Committee, is repealed
1899	July 1, 2024.
1900	(2) Section 26B-1-241 is repealed July 1, 2024.
1901	(3) Section 26B-1-302 is repealed on July 1, 2024.
1902	(4) Section 26B-1-313 is repealed on July 1, 2024.
1903	(5) Section 26B-1-314 is repealed on July 1, 2024.
1904	(6) Section 26B-1-321 is repealed on July 1, 2024.
1905	(7) Section 26B-1-405, related to the Air Ambulance Committee, is repealed on July 1,
1906	2024.
1907	(8) Section 26B-1-419, which creates the Utah Health Care Workforce Financial
1908	Assistance Program Advisory Committee, is repealed July 1, 2027.
1909	(9) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection
1910	26B-2-231(1)(a) is amended to read:
1911	"(a) provide the patient or the patient's representative with the following information
1912	before contacting an air medical transport provider:
1913	(i) which health insurers in the state the air medical transport provider contracts with;
1914	(ii) if sufficient data is available, the average charge for air medical transport services
1915	for a patient who is uninsured or out of network; and
1916	(iii) whether the air medical transport provider balance bills a patient for any charge not
1917	paid by the patient's health insurer; and".
1918	(10) Section 26B-3-142 is repealed July 1, 2024.

1919	(11) Subsection 26B-3-215(5), related to reporting on coverage for in vitro fertilization
1920	and genetic testing, is repealed July 1, 2030.
1921	(12) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection
1922	26B-4-135(1)(a) is amended to read:
1923	"(a) provide the patient or the patient's representative with the following information
1924	before contacting an air medical transport provider:
1925	(i) which health insurers in the state the air medical transport provider contracts with;
1926	(ii) if sufficient data is available, the average charge for air medical transport services
1927	for a patient who is uninsured or out of network; and
1928	(iii) whether the air medical transport provider balance bills a patient for any charge not
1929	paid by the patient's health insurer; and".
1930	(13) Section 26B-4-702, related to the Utah Health Care Workforce Financial
1931	Assistance Program, is repealed July 1, 2027.
1932	(14) Section 26B-5-117, related to early childhood mental health support grant
1933	programs, is repealed January 2, 2025.
1934	[(15) Subsection 26B-7-117(3), related to reports to the Legislature on syringe
1935	exchange and education, is repealed January 1, 2027.]
1936	[(16)] (15) Section 26B-7-120, relating to sickle cell disease, is repealed on July 1,
1937	2025.
1938	Section 31. Section 63I-2-226 (Effective 07/01/24) is amended to read:
1939	63I-2-226 (Effective 07/01/24). Repeal dates: Titles 26A through 26B.
1940	(1) Section 26B-1-241 is repealed July 1, 2024.
1941	(2) Section 26B-1-302 is repealed on July 1, 2024.
1942	(3) Section 26B-1-313 is repealed on July 1, 2024.
1943	(4) Section $26B-1-314$ is repealed on July 1, 2024.
1944	(5) Section 26B-1-321 is repealed on July 1, 2024.
1945	(6) Section 26B-1-419, which creates the Utah Health Care Workforce Financial
1946	Assistance Program Advisory Committee, is repealed July 1, 2027.
1947	(7) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection
1948	26B-2-231(1)(a) is amended to read:
1949	"(a) provide the patient or the patient's representative with the following information

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1950 before contacting an air medical transport provider: 1951 (i) which health insurers in the state the air medical transport provider contracts with; 1952 (ii) if sufficient data is available, the average charge for air medical transport services 1953 for a patient who is uninsured or out of network; and 1954 (iii) whether the air medical transport provider balance bills a patient for any charge not 1955 paid by the patient's health insurer; and". (8) Section 26B-3-142 is repealed July 1, 2024. 1956 1957 (9) Subsection 26B-3-215(5), related to reporting on coverage for in vitro fertilization 1958 and genetic testing, is repealed July 1, 2030. 1959 (10) Section 26B-4-702, related to the Utah Health Care Workforce Financial 1960 Assistance Program, is repealed July 1, 2027. 1961 (11) Section 26B-5-117, related to early childhood mental health support grant 1962 programs, is repealed January 2, 2025. 1963 [(12) Subsection 26B-7-117(3), related to reports to the Legislature on syringe 1964 exchange and education, is repealed January 1, 2027.] 1965 [(13)] (12) Section 26B-7-120, relating to sickle cell disease, is repealed on July 1, 1966 2025. 1967 Section 32. Section 78B-6-140 is amended to read: 1968 78B-6-140. Itemization of fees and expenses -- Reporting. 1969 (1) (a) Except as provided in Subsection (5), before the date that a final decree of 1970 adoption is entered, a prospective adoptive parent or, if the child was placed by a child-placing 1971 agency, the person or agency placing the child shall file with the court an affidavit regarding 1972 fees and expenses on a form prescribed by the Judicial Council in accordance with Subsection 1973 (2). 1974 (b) An affidavit filed pursuant to Subsection (1)(a) shall be signed by each prospective 1975 adoptive parent and, if the child was placed by a child-placing agency, the person or agency 1976 placing the child. 1977 (c) The court shall review an affidavit filed under this section for completeness and 1978 compliance with the requirements of this section. 1979 (d) The results of the court's review under Subsection (1)(c) shall be noted in the 1980 court's record.

1981	(2) (a) The Judicial Council shall prescribe a uniform form for the affidavit described
1982	in Subsection (1).
1983	(b) The uniform affidavit form shall require itemization of the following items in
1984	connection with the adoption:
1985	(i) all legal expenses that have been or will be paid to or on behalf of the preexisting
1986	parents of the child, including the source of payment;
1987	(ii) all maternity expenses that have been or will be paid to or on behalf of the
1988	preexisting parents of the child, including the source of payment;
1989	(iii) all medical or hospital expenses that have been or will be paid to or on behalf of
1990	the preexisting parents of the child, including the source of payment;
1991	(iv) all living expenses that have been or will be paid to or on behalf of the preexisting
1992	parents of the child, including the source of payment;
1993	(v) fees paid by the prospective adoptive parent or parents in connection with the
1994	adoption;
1995	(vi) all gifts, property, or other items that have been or will be provided to the
1996	preexisting parents, including the source and approximate value of the gifts, property, or other
1997	items;
1998	(vii) all public funds used for any medical or hospital costs in connection with the:
1999	(A) pregnancy;
2000	(B) delivery of the child; or
2001	(C) care of the child; and
2002	(viii) if a child-placing agency placed the child:
2003	(A) a description of services provided to the prospective adoptive parents or
2004	preexisting parents in connection with the adoption;
2005	(B) all expenses associated with matching the prospective adoptive parent or parents
2006	and the birth mother;
2007	(C) all expenses associated with advertising; and
2008	(D) any other agency fees or expenses paid by an adoptive parent that are not itemized
2009	under one of the other categories described in this Subsection (2)(b), including a description of
2010	the reason for the fee or expense.
2011	(c) The uniform affidavit form shall require:

# **S.B. 42** (i) a statement of the state of residence of the:

2013 (A) birth mother or the preexisting parents; and

2014 (B) prospective adoptive parent or parents;

2015 (ii) a declaration that Section 76-7-203 has not been violated; and

2016 (iii) if the affidavit includes an itemized amount for both of the categories described in 2017 Subsections (2)(b)(iii) and (vii), a statement explaining why certain medical or hospital 2018 expenses were paid by a source other than public funds.

2019 (3) (a) If a child-placing agency, that is licensed by this state, placed the child, the 2020 child-placing agency shall provide a copy of the affidavit described in Subsection (1) to the 2021 Office of Licensing within the Department of Health and Human Services.

2022 (b) Before August 30 of each even-numbered year, the Office of Licensing within the 2023 Department of Health and Human Services shall provide a written report to the Health and 2024 Human Services Interim Committee and to the Judicial Council regarding the cost of adoptions 2025 in the state that includes:

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2012

(i) the total number of affidavits provided to the Office of Licensing during the 2027 previous year; and

(ii) for each of the categories described in Subsection (2)(b):

2029 (A) the average amount disclosed on affidavits submitted during the previous year; and

2030 (B) the range of amounts disclosed on affidavits submitted during the previous year;

2031 (iii) the average total amount disclosed on affidavits submitted during the previous

2032 year;

2033 (iv) the range of total amounts disclosed on affidavits submitted during the previous 2034 year; and

2035 (v) any recommended legislation that may help reduce the cost of adoptions.

2036 (c) The Health and Human Services Interim Committee shall, based on information in 2037 reports provided under Subsection (3)(b) and in consultation with a consortium described in Subsection 26B-2-127(8), consider: 2038

2039

(i) what constitutes reasonable fees and expenses related to adoption; and

- 2040 (ii) the standards that may be used to determine whether fees and expenses related to 2041 adoption are reasonable in a specific case.
- 2042

(4) The Judicial Council shall make a copy of each report provided by the Office of

2043	Licensing under Subsection (3)(b) available to each court that may be required to review an
2044	affidavit under Subsection (1)(c).
2045	(5) This section does not apply if the prospective adoptive parent is the legal spouse of
2046	a preexisting parent.
2047	Section 33. Section 80-2-1104 is amended to read:
2048	80-2-1104. Child protection ombudsman Responsibility Authority Report.
2049	(1) As used in this section:
2050	(a) "Complainant" means a person who initiates a complaint with the ombudsman.
2051	(b) "Complaint" means a complaint regarding an act or omission by the division with
2052	respect to a particular child.
2053	(c) "Ombudsman" means the child protection ombudsman appointed under this section.
2054	(2) (a) There is created within the department the position of child protection
2055	ombudsman.
2056	(b) The executive director of the department shall:
2057	(i) appoint an ombudsman who has:
2058	(A) recognized executive and administrative capacity; and
2059	(B) experience in child welfare, and in state laws and policies governing abused,
2060	neglected, and dependent children; and
2061	(ii) select the ombudsman solely with regard to qualifications and fitness to discharge
2062	the duties of the ombudsman.
2063	(c) The ombudsman shall:
2064	(i) serve at the pleasure of the executive director of the department; and
2065	(ii) devote full-time to the duties described in this section.
2066	(3) The ombudsman shall:
2067	(a) unless the ombudsman decides not to investigate the complaint, upon receipt of a
2068	complaint, investigate whether an act or omission of the division with respect to a particular
2069	child:
2070	(i) is contrary to statute, rule, or policy;
2071	(ii) places a child's health or safety at risk;
2072	(iii) is made without an adequate statement of reason; or
2073	(iv) is based on irrelevant, immaterial, or erroneous grounds;

S.B. 42 12-28-23 10:21 AM 2074 (b) notify the complainant and the division of: 2075 (i) the ombudsman's decision to investigate or not investigate the complaint; and 2076 (ii) if the ombudsman decides not to investigate the complaint, the reason for the 2077 decision; 2078 (c) if the ombudsman finds that a person's act or omission violates state or federal 2079 criminal law, immediately report the finding to the appropriate county or district attorney or to 2080 the attorney general; 2081 (d) immediately notify the division if the ombudsman finds that a child needs 2082 protective custody; 2083 (e) prepare a written report of the findings and recommendations, if any, of each 2084 investigation; 2085 (f) make recommendations to the division if the ombudsman finds that: (i) a matter should be further considered by the division; 2086 2087 (ii) an administrative act should be addressed, modified, or canceled; 2088 (iii) action should be taken by the division with regard to one of the division's 2089 employees; or 2090 (iv) any other action should be taken by the division; 2091 (g) subject to Subsection (3), in accordance with Title 63G, Chapter 3, Utah 2092 Administrative Rulemaking Act, make rules that govern the following: 2093 (i) receiving and processing a complaint; 2094 (ii) notifying a complainant and the division regarding a decision to investigate or to 2095 decline to investigate a complaint; 2096 (iii) prioritizing workload; 2097 (iv) maximum time within which an investigation is required to be completed; 2098 (v) conducting an investigation; 2099 (vi) notifying a complainant and the division regarding the results of an investigation; 2100 and 2101 (vii) making recommendations based on the findings and results of investigations; 2102 (h) within appropriations from the Legislature, employ staff as may be necessary to 2103 carry out the ombudsman's duties under this section; (i) provide information regarding the role, duties, and functions of the ombudsman to 2104

2105	public agencies, private entities, and individuals; and
2106	[(j) provide an annual report regarding the ombudsman's duties and recommendations
2107	for improvements to the child welfare system to:]
2108	[(i) the Child Welfare Legislative Oversight Panel;]
2109	[ <del>(ii) the governor;</del> ]
2110	[ <del>(iii) the division; and</del> ]
2111	[(iv) the executive director of the department; and]
2112	[(k)] (j) as appropriate, make recommendations to the division regarding individual
2113	child welfare cases, and the rules, policies, and operations of the division.
2114	(4) (a) The ombudsman may:
2115	(i) decline to investigate a complaint or continue an investigation of a complaint;
2116	(ii) conduct an investigation on the ombudsman's own initiative;
2117	(iii) conduct further investigation upon the request of the complainant or upon the
2118	ombudsman's own initiative; and
2119	(iv) advise a complainant to pursue administrative remedies or channels of a complaint
2120	before pursuing a complaint with the ombudsman.
2121	(b) Subsection (4)(a)(iv) does not prevent a complainant from making a complaint
2122	directly to the ombudsman before pursuing an administrative remedy.
2123	(5) (a) A record of the ombudsman regarding an individual child welfare case shall be
2124	classified in accordance with federal law and Title 63G, Chapter 2, Government Records
2125	Access and Management Act.
2126	(b) The ombudsman shall have access to all of the department's written and electronic
2127	records and databases, including those regarding individual child welfare cases.
2128	(c) In accordance with Title 63G, Chapter 2, Government Records Access and
2129	Management Act, all documents and information received by the ombudsman shall maintain
2130	the same classification that was designated by the department.
2131	Section 34. Repealer.
2132	This bill repeals:
2133	Section 26B-2-503, Recommendation for Community Health Worker Certification
2134	Advisory Board.
2135	Section 26B-6-510, Dental services reporting.

- 2136 Section 26B-7-224, Study on violent incidents and fatalities involving substance
- abuse -- Report.
- 2138 Section 35. Effective date.
- 2139 (1) Subject to Subsection (2), this bill takes effect on May 1, 2024.
- 2140 (2) The actions affecting Sections <u>63I-1-226</u> (Effective 07/01/24) and <u>63I-2-226</u>
- 2141 (Effective 07/01/24) take effect on July 1, 2024.