

**Senator Jen Plumb** proposes the following substitute bill:

**SUBSTANCE USE TREATMENT IN CORRECTIONAL  
FACILITIES**

2024 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Jen Plumb**

House Sponsor: Christine F. Watkins

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**LONG TITLE**

**General Description:**

This bill allows the Department of Corrections to cooperate with medical personnel to provide medication assisted treatment to inmates who had an active medication assisted treatment plan prior to incarceration.

**Highlighted Provisions:**

This bill:

- ▶ defines terms;
- ▶ allows the Department of Corrections, in collaboration with the Department of Health and Human Services, to cooperate with medical personnel to continue a medication assisted treatment plan for inmates who had an active medication assisted treatment plan prior to incarceration;
- ▶ provides that a correctional facility may, at the direction of the chief administrative officer, store medications used for medication assisted treatment plans;
- ▶ requires the Department of Health and Human Services to provide an annual report to the Health and Human Services Interim Committee regarding the medication assisted treatment plans for individuals committed to the custody of the Department of Corrections;



- 26           ▶ provides a repeal date for the required report; and
- 27           ▶ makes technical and conforming changes.

28 **Money Appropriated in this Bill:**

29           None

30 **Other Special Clauses:**

31           None

32 **Utah Code Sections Affected:**

33 AMENDS:

34           **26B-4-325**, as enacted by Laws of Utah 2023, Chapter 322

35           **63I-2-264**, as last amended by Laws of Utah 2021, Chapter 366

36 ENACTS:

37           **64-13-25.1**, Utah Code Annotated 1953



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

40           Section 1. Section **26B-4-325** is amended to read:

41           **26B-4-325. Medical care for inmates -- Reporting of statistics.**

42           As used in this section:

43           (1) "Correctional facility" means a facility operated to house inmates in a secure or  
44 nonsecure setting:

- 45           (a) by the Department of Corrections; or
- 46           (b) under a contract with the Department of Corrections.

47           (2) "Health care facility" means the same as that term is defined in Section **26B-2-201**.

48           (3) "Inmate" means an individual who is:

- 49           (a) committed to the custody of the Department of Corrections; and
- 50           (b) housed at a correctional facility or at a county jail at the request of the Department  
51 of Corrections.

52           (4) "Medical monitoring technology" means a device, application, or other technology  
53 that can be used to improve health outcomes and the experience of care for patients, including  
54 evidence-based clinically evaluated software and devices that can be used to monitor and treat  
55 diseases and disorders.

56           (5) "Terminally ill" means the same as that term is defined in Section **31A-36-102**.

- 57 (6) The department shall:
- 58 (a) for each health care facility owned or operated by the Department of Corrections,  
59 assist the Department of Corrections in complying with Section [64-13-39](#);
- 60 (b) create policies and procedures for providing services to inmates; [~~and~~]
- 61 (c) in coordination with the Department of Corrections, develop standard population  
62 indicators and performance measures relating to the health of inmates[-]; and
- 63 (d) collaborate with the Department of Corrections to comply with Section [64-13-25.1](#).
- 64 (7) Beginning July 1, 2023, and ending June 30, 2024, the department shall:
- 65 (a) evaluate and study the use of medical monitoring technology and create a plan for a  
66 pilot program that identifies:
- 67 (i) the types of medical monitoring technology that will be used during the pilot  
68 program; and
- 69 (ii) eligibility for participation in the pilot program; and
- 70 (b) make the indicators and performance measures described in Subsection (6)(c)  
71 available to the public through the Department of Corrections and the department websites.
- 72 (8) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement  
73 the pilot program.
- 74 (9) The department shall submit to the Health and Human Services Interim Committee  
75 and the Law Enforcement and Criminal Justice Interim Committee:
- 76 (a) a report on or before October 1 of each year regarding the costs and benefits of the  
77 pilot program;
- 78 (b) a report that summarizes the indicators and performance measures described in  
79 Subsection (6)(c) on or before October 1, 2024; and
- 80 (c) an updated report before October 1 of each year that compares the indicators and  
81 population measures of the most recent year to the initial report described in Subsection (9)(b).
- 82 Section 2. Section **63I-2-264** is amended to read:
- 83 **63I-2-264. Repeal dates: Title 64.**
- 84 (1) Section [64-13e-103.2](#) is repealed June 30, 2024.
- 85 (2) Section [64-13-25.1](#)(4), related to reporting on continuation or discontinuation of a  
86 medication assisted treatment plan, is repealed July 1, 2026.
- 87 Section 3. Section **64-13-25.1** is enacted to read:

88 **64-13-25.1. Medication assisted treatment plan.**

89 (1) As used in this section, "medication assisted treatment plan" means a prescription  
90 plan to use a medication, such as buprenorphine, methadone, or naltrexone, to treat substance  
91 use withdrawal symptoms or an opioid use disorder.

92 (2) In collaboration with the Department of Health and Human Services the department  
93 may cooperate with medical personnel to continue a medication assisted treatment plan for an  
94 inmate who had an active medication assisted treatment plan within the last six months before  
95 being committed to the custody of the department.

96 (3) A medication used for a medication assisted treatment plan under Subsection (2):

97 (a) shall be an oral, short-acting medication unless the chief administrative officer or  
98 other medical personnel who is familiar with the inmate's medication assisted treatment plan  
99 determines that a long-acting, non-oral medication will provide a greater benefit to the  
100 individual receiving treatment;

101 (b) may be administered to an inmate under the direction of the chief administrative  
102 officer of the correctional facility;

103 (c) may, as funding permits, be paid for by the department or the Department of Health  
104 and Human Services; and

105 (d) may be left or stored at a correctional facility at the discretion of the chief  
106 administrative officer of the correctional facility.

107 (4) Before November 30 each year, the Department of Health and Human Services  
108 shall provide a report to the Health and Human Services Interim Committee that details, for  
109 each category, the number of individuals in the custody of the department who, in the  
110 preceding 12 months:

111 (a) had an active medication assisted treatment plan within the six months preceding  
112 commitment to the custody of the department;

113 (b) continued a medication assisted treatment plan following commitment to the  
114 custody of the department; and

115 (c) discontinued a medication assisted treatment plan prior to, at the time of, or after  
116 commitment to the custody of the department and, as available, the type of medication  
117 discontinued and the reason for the discontinuation.

118 **Section 4. Effective date.**

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This bill takes effect on May 1, 2024.