

SB0212S01 compared with SB0212

~~text~~ shows text that was in SB0212 but was deleted in SB0212S01.

inserted text shows text that was not in SB0212 but was inserted into SB0212S01.

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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: { } _____

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

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

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

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

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

ENACTS:

64-13-25.1, Utah Code Annotated 1953

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

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

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

As used in this section:

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

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

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

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

- (a) committed to the custody of the Department of Corrections; and

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(b) housed at a correctional facility or at a county jail at the request of the Department of Corrections.

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

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

(6) The department shall:

(a) for each health care facility owned or operated by the Department of Corrections, assist the Department of Corrections in complying with Section 64-13-39;

(b) create policies and procedures for providing services to inmates; [~~and~~]

(c) in coordination with the Department of Corrections, develop standard population indicators and performance measures relating to the health of inmates[-]; and

(d) collaborate with the Department of Corrections to comply with Section 64-13-25.1.

(7) Beginning July 1, 2023, and ending June 30, 2024, the department shall:

(a) evaluate and study the use of medical monitoring technology and create a plan for a pilot program that identifies:

(i) the types of medical monitoring technology that will be used during the pilot program; and

(ii) eligibility for participation in the pilot program; and

(b) make the indicators and performance measures described in Subsection (6)(c) available to the public through the Department of Corrections and the department websites.

(8) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement the pilot program.

(9) The department shall submit to the Health and Human Services Interim Committee and the Law Enforcement and Criminal Justice Interim Committee:

(a) a report on or before October 1 of each year regarding the costs and benefits of the pilot program;

(b) a report that summarizes the indicators and performance measures described in Subsection (6)(c) on or before October 1, 2024; and

(c) an updated report before October 1 of each year that compares the indicators and

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population measures of the most recent year to the initial report described in Subsection (9)(b).

Section 2. Section 63I-2-264 is amended to read:

63I-2-264. Repeal dates: Title 64.

(1) Section 64-13e-103.2 is repealed June 30, 2024.

(2) Section 64-13-25.1(4), related to reporting on continuation or discontinuation of a medication assisted treatment plan, is repealed July 1, 2026.

Section ~~(2)~~3. Section **64-13-25.1** is enacted to read:

64-13-25.1. Medication assisted treatment plan.

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

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

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

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

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

~~(c)~~

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

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

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

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

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

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

Section ~~3~~4. **Effective date.**

This bill takes effect on May 1, 2024.