

1 **Health and Human Services Reporting Requirements**

2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Logan J. Monson

Senate Sponsor:

3 **LONG TITLE**

4 **General Description:**

5 This bill repeals reporting requirements related to the Department of Health and Human
6 Services.

7 **Highlighted Provisions:**

8 This bill:

- 9 ▶ repeals reporting requirements related to the Department of Health and Human Services.

10 **Money Appropriated in this Bill:**

11 None

12 **Other Special Clauses:**

13 None

14 **Utah Code Sections Affected:**

15 **AMENDS:**

16 **26B-1-207**, as last amended by Laws of Utah 2024, Chapters 178, 240

17 **26B-1-232**, as renumbered and amended by Laws of Utah 2023, Chapter 305

18 **26B-1-421**, as last amended by Laws of Utah 2024, Chapters 217, 240 and 507

19 **26B-1-427**, as last amended by Laws of Utah 2024, Chapter 245

20 **26B-2-309**, as renumbered and amended by Laws of Utah 2023, Chapter 305

21 **26B-3-107**, as renumbered and amended by Laws of Utah 2023, Chapter 306

22 **26B-5-102**, as last amended by Laws of Utah 2024, Chapters 250, 420

23 **26B-5-607**, as last amended by Laws of Utah 2023, Chapter 282 and renumbered and
24 amended by Laws of Utah 2023, Chapter 308

25 **63M-7-204**, as last amended by Laws of Utah 2024, Chapter 345

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

28 Section 1. Section **26B-1-207** is amended to read:

29 **26B-1-207 . Policymaking responsibilities -- Regulations for local health**
30 **departments prescribed by department -- Local standards not more stringent than**

31 **federal or state standards -- Consultation with local health departments -- Committee to**
32 **evaluate health policies and to review federal grants.**

33 (1) In establishing public health policy, the department shall consult with the local health
34 departments established under Title 26A, Chapter 1, Local Health Departments.

35 (2)(a) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
36 the department may prescribe by administrative rule made in accordance with Title
37 63G, Chapter 3, Utah Administrative Rulemaking Act, reasonable requirements not
38 inconsistent with law for a local health department as defined in Section 26A-1-102.

39 (b) Except where specifically allowed by federal law or state statute, a local health
40 department, as defined in Section 26A-1-102, may not establish standards or
41 regulations that are more stringent than those established by federal law, state statute,
42 or administrative rule adopted in accordance with Title 63G, Chapter 3, Utah
43 Administrative Rulemaking Act.

44 (c) Nothing in this Subsection (2), limits the ability of a local health department to make
45 standards and regulations in accordance with Subsection 26A-1-121(1)(a) for:

- 46 (i) emergency rules made in accordance with Section 63G-3-304; or
47 (ii) items not regulated under federal law, state statute, or state administrative rule.

48 (3)(a) As used in this Subsection (3):

- 49 (i) "Committee" means the committee established under Subsection (3)(b).
50 (ii) "Exempt application" means an application for a federal grant that meets the
51 criteria established under Subsection (3)(c)(iv).
52 (iii) "Expedited application" means an application for a federal grant that meets the
53 criteria established under Subsection (3)(c)(v).
54 (iv) "Federal grant" means a grant from the federal government that could provide
55 funds for local health departments to help them fulfill their duties and
56 responsibilities.
57 (v) "Reviewable application" means an application for a federal grant that is not an
58 exempt application.

59 (b) The department shall establish a committee consisting of:

- 60 (i) the executive director, or the executive director's designee;
61 (ii) two representatives of the department, appointed by the executive director; and
62 (iii) three representatives of local health departments, appointed by all local health
63 departments.

64 (c) The committee shall:

- 65 (i) evaluate the allocation of public health resources between the department and
66 local health departments, including whether funds allocated by contract were
67 allocated in accordance with the formula described in Section 26A-1-116;
- 68 (ii) evaluate policies and rules that affect local health departments in accordance with
69 Subsection (3)(g);
- 70 (iii) consider department policy and rule changes proposed by the department or local
71 health departments;
- 72 (iv) establish criteria by which an application for a federal grant may be judged to
73 determine whether it should be exempt from the requirements under Subsection
74 (3)(d); and
- 75 (v) establish criteria by which an application for a federal grant may be judged to
76 determine whether committee review under Subsection (3)(d)(i) should be delayed
77 until after the application is submitted because the application is required to be
78 submitted under a timetable that makes committee review before it is submitted
79 impracticable if the submission deadline is to be met.
- 80 (d)(i) The committee shall review the goals and budget for each reviewable
81 application:
- 82 (A) before the application is submitted, except for an expedited application; and
83 (B) for an expedited application, after the application is submitted but before
84 funds from the federal grant for which the application was submitted are
85 disbursed or encumbered.
- 86 (ii) Funds from a federal grant under a reviewable application may not be disbursed
87 or encumbered before the goals and budget for the federal grant are established by
88 a two-thirds vote of the committee, following the committee review under
89 Subsection (3)(d)(i).
- 90 (e) An exempt application is exempt from the requirements of Subsection (3)(d).
- 91 (f) The department may use money from a federal grant to pay administrative costs
92 incurred in implementing this Subsection (3).
- 93 (g) When evaluating a policy or rule that affects a local health department, the
94 committee shall determine:
- 95 (i) whether the department has the authority to promulgate the policy or rule;
- 96 (ii) an estimate of the cost a local health department will bear to comply with the
97 policy or rule;
- 98 (iii) whether there is any funding provided to a local health department to implement

99 the policy or rule; and

100 (iv) whether the policy or rule is still needed.

101 ~~[(h) Before November 1 of each year, the department shall provide a report to the Rules~~
 102 ~~Review and General Oversight Committee regarding the determinations made under~~
 103 ~~Subsection (3)(g).]~~

104 Section 2. Section **26B-1-232** is amended to read:

105 **26B-1-232 . American Indian-Alaska Native Health Liaison -- Appointment --**
 106 **Duties.**

107 (1)(a) "Director" means the director of the Office of American Indian-Alaska Native
 108 Health and Family Services appointed under Section 26B-1-231.

109 (b) "Health care" means care, treatment, service, or a procedure to improve, maintain,
 110 diagnose, or otherwise affect an individual's physical or mental condition.

111 (c) "Health liaison" means the American Indian-Alaska Native Health Liaison appointed
 112 under Subsection (2).

113 (2)(a) The executive director shall appoint an individual as the American Indian-Alaska
 114 Native Health Liaison.

115 (b) The health liaison shall serve under the supervision of the director.

116 (3) The health liaison shall:

117 (a) promote and coordinate collaborative efforts between the department and Utah's
 118 American Indian-Alaska Native population to improve the availability and
 119 accessibility of quality health care impacting Utah's American Indian-Alaska Native
 120 populations on and off reservations;

121 (b) interact with the following to improve health disparities for Utah's American
 122 Indian-Alaska Native populations:

123 (i) tribal health programs;

124 (ii) local health departments;

125 (iii) state agencies and officials; and

126 (iv) providers of health care in the private sector;

127 (c) facilitate education, training, and technical assistance regarding public health and
 128 medical assistance programs to Utah's American Indian-Alaska Native populations;
 129 and

130 (d) staff an advisory board by which Utah's tribes may consult with state and local
 131 agencies for the development and improvement of public health programs designed
 132 to address improved health care for Utah's American Indian-Alaska Native

133 populations on and off the reservation.

134 [~~(4) The health liaison shall annually report the liaison's activities and accomplishments to~~
135 ~~the Native American Legislative Liaison Committee created in Section 36-22-1.]~~

136 Section 3. Section **26B-1-421** is amended to read:

137 **26B-1-421 . Compassionate Use Board.**

138 (1) The definitions in Section 26B-4-201 apply to this section.

139 (2)(a) The department shall establish a Compassionate Use Board consisting of:

140 (i) seven qualified medical providers that the executive director appoints with the
141 advice and consent of the Senate:

142 (A) who are knowledgeable about the medicinal use of cannabis;

143 (B) who are physicians licensed under Title 58, Chapter 67, Utah Medical Practice
144 Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; and

145 (C) who are board certified by the American Board of Medical Specialties or an
146 American Osteopathic Association Specialty Certifying Board in the specialty
147 of neurology, pain medicine and pain management, medical oncology,
148 psychiatry, infectious disease, internal medicine, pediatrics, family medicine,
149 or gastroenterology; and

150 (ii) as a nonvoting member and the chair of the Compassionate Use Board, the
151 executive director or the director's designee.

152 (b) In appointing the seven qualified medical providers described in Subsection (2)(a),
153 the executive director shall ensure that at least two have a board certification in
154 pediatrics.

155 (3)(a) Of the members of the Compassionate Use Board that the executive director first
156 appoints:

157 (i) three shall serve an initial term of two years; and

158 (ii) the remaining members shall serve an initial term of four years.

159 (b) After an initial term described in Subsection (3)(a) expires:

160 (i) each term is four years; and

161 (ii) each board member is eligible for reappointment.

162 (c) A member of the Compassionate Use Board may serve until a successor is appointed.

163 (d) Four members constitute a quorum of the Compassionate Use Board.

164 (4) A member of the Compassionate Use Board may receive:

165 (a) notwithstanding Section 63A-3-106, compensation or benefits for the member's
166 service; and

- 167 (b) travel expenses in accordance with Section 63A-3-107 and rules made by the
168 Division of Finance in accordance with Section 63A-3-107.
- 169 (5) The Compassionate Use Board shall:
- 170 (a) review and recommend for department approval a petition to the board regarding an
171 individual described in Subsection 26B-4-213(2)(a), a minor described in Subsection
172 26B-4-213(2)(c), or an individual who is not otherwise qualified to receive a medical
173 cannabis card to obtain a medical cannabis card for compassionate use, for the
174 standard or a reduced period of validity, if:
- 175 (i) for an individual who is not otherwise qualified to receive a medical cannabis
176 card, the individual's recommending medical provider is actively treating the
177 individual for an intractable condition that:
- 178 (A) substantially impairs the individual's quality of life; and
179 (B) has not, in the recommending medical provider's professional opinion,
180 adequately responded to conventional treatments;
- 181 (ii) the recommending medical provider:
- 182 (A) recommends that the individual or minor be allowed to use medical cannabis;
183 and
184 (B) provides a letter, relevant treatment history, and notes or copies of progress
185 notes describing relevant treatment history including rationale for considering
186 the use of medical cannabis; and
- 187 (iii) the Compassionate Use Board determines that:
- 188 (A) the recommendation of the individual's recommending medical provider is
189 justified; and
190 (B) based on available information, it may be in the best interests of the individual
191 to allow the use of medical cannabis;
- 192 (b) when a recommending medical provider recommends that an individual described in
193 Subsection 26B-4-213(2)(a)(i)(B) or a minor described in Subsection 26B-4-213(2)(c)
194 be allowed to use a medical cannabis device or medical cannabis to vaporize a
195 medical cannabis treatment, review and approve or deny the use of the medical
196 cannabis device or medical cannabis;
- 197 (c) unless no petitions are pending:
- 198 (i) meet to receive or review compassionate use petitions at least quarterly; and
199 (ii) if there are more petitions than the board can receive or review during the board's
200 regular schedule, as often as necessary;

- 201 (d) except as provided in Subsection (6), complete a review of each petition and
202 recommend to the department approval or denial of the applicant for qualification for
203 a medical cannabis card within 90 days after the day on which the board received the
204 petition; and
- 205 (e) consult with the department regarding the criteria described in Subsection (6)~~]; and~~ .
206 ~~[(f) report, before November 1 of each year, to the Health and Human Services Interim
207 Committee and the Medical Cannabis Governance Structure Working Group:]~~
208 ~~[(i) the number of compassionate use recommendations the board issued during the
209 past year;]~~
210 ~~[(ii) the types of conditions for which the board recommended compassionate use; and]~~
211 ~~[(iii) the number of applications that are not completed.]~~
- 212 (6) The department shall make rules, in consultation with the Compassionate Use Board
213 and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to
214 establish a process and criteria for a petition to the board to automatically qualify for
215 expedited final review and approval or denial by the department in cases where, in the
216 determination of the department and the board:
- 217 (a) time is of the essence;
218 (b) engaging the full review process would be unreasonable in light of the petitioner's
219 physical condition; and
220 (c) sufficient factors are present regarding the petitioner's safety.
- 221 (7)(a)(i) The department shall review:
- 222 (A) any compassionate use for which the Compassionate Use Board recommends
223 approval under Subsection (5)(d) to determine whether the board properly
224 exercised the board's discretion under this section; and
225 (B) any expedited petitions the department receives under the process described in
226 Subsection (6).
- 227 (ii) If the department determines that the Compassionate Use Board properly
228 exercised the board's discretion in recommending approval under Subsection (5)(d)
229 or that the expedited petition merits approval based on the criteria established in
230 accordance with Subsection (6), the department shall:
- 231 (A) issue the relevant medical cannabis card; and
232 (B) provide for the renewal of the medical cannabis card in accordance with the
233 recommendation of the recommending medical provider described in
234 Subsection (5)(a).

235 (b) If the Compassionate Use Board recommends denial under Subsection (5)(d), the
 236 individual seeking to obtain a medical cannabis card may petition the department to
 237 review the board's decision.

238 (c) In reviewing the Compassionate Use Board's recommendation for approval or denial
 239 under Subsection (5)(d) in accordance with this Subsection (7), the department shall
 240 presume the board properly exercised the board's discretion unless the department
 241 determines that the board's recommendation was arbitrary or capricious.

242 (8) Any individually identifiable health information contained in a petition that the
 243 Compassionate Use Board or department receives under this section is a protected
 244 record in accordance with Title 63G, Chapter 2, Government Records Access and
 245 Management Act.

246 (9) The Compassionate Use Board shall annually report the board's activity to:

- 247 (a) the Cannabis Research Review Board; and
- 248 (b) the advisory board.

249 Section 4. Section **26B-1-427** is amended to read:

250 **26B-1-427 . Alcohol Abuse Tracking Committee --Tracking effects of abuse of**
 251 **alcoholic products.**

252 (1) There is created a committee within the department known as the Alcohol Abuse
 253 Tracking Committee that consists of:

- 254 (a) the executive director or the executive director's designee;
- 255 (b) the commissioner of the Department of Public Safety or the commissioner's designee;
- 256 (c) the director of the Department of Alcoholic Beverage Services or that director's
 257 designee;
- 258 (d) the executive director of the Department of Workforce Services or that executive
 259 director's designee;
- 260 (e) the chair of the Utah Substance Use and Mental Health Advisory Committee or the
 261 chair's designee;
- 262 (f) the state court administrator or the state court administrator's designee; and
- 263 (g) the director of the Division of Technology Services or that director's designee.

264 (2) The executive director or the executive director's designee shall chair the committee.

265 (3)(a) Four members of the committee constitute a quorum.

266 (b) A vote of the majority of the committee members present when a quorum is present
 267 is an action of the committee.

268 (4) The committee shall meet at the call of the chair, ~~except that the chair shall call a~~

- 269 meeting at least twice a year:]
- 270 [(a) with one meeting held each year to develop the report required under Subsection
- 271 (7); and]
- 272 [(b) with one meeting held to review and finalize the report before the report is issued.]
- 273 (5) The committee may adopt additional procedures or requirements for:
- 274 (a) voting, when there is a tie of the committee members;
- 275 (b) how meetings are to be called; and
- 276 (c) the frequency of meetings.
- 277 (6) The committee shall establish a process to collect for each calendar year the following
- 278 information:
- 279 (a) the number of individuals statewide who are convicted of, plead guilty to, plead no
- 280 contest to, plead guilty in a similar manner to, or resolve by diversion or its
- 281 equivalent to a violation related to underage drinking of alcohol;
- 282 (b) the number of individuals statewide who are convicted of, plead guilty to, plead no
- 283 contest to, plead guilty in a similar manner to, or resolve by diversion or its
- 284 equivalent to a violation related to driving under the influence of alcohol;
- 285 (c) the number of violations statewide of Title 32B, Alcoholic Beverage Control Act,
- 286 related to over-serving or over-consumption of an alcoholic product;
- 287 (d) the cost of social services provided by the state related to abuse of alcohol, including
- 288 services provided by the Division of Child and Family Services;
- 289 (e) the location where the alcoholic products that result in the violations or costs
- 290 described in Subsections (6)(a) through (d) are obtained; and
- 291 (f) any information the committee determines can be collected and relates to the abuse of
- 292 alcoholic products.
- 293 [~~(7) The committee shall:~~]
- 294 [~~(a) report the information collected under Subsection (6) annually to the governor, the~~
- 295 ~~Law Enforcement and Criminal Justice Interim Committee, and the State~~
- 296 ~~Commission on Criminal and Juvenile Justice by no later than the July 1 immediately~~
- 297 ~~following the calendar year for which the information is collected; and]~~
- 298 [(b) provide all data collected before January 1, 2024, under Subsection (6) to the State
- 299 Commission on Criminal and Juvenile Justice.]
- 300 Section 5. Section **26B-2-309** is amended to read:
- 301 **26B-2-309 . Assisted living facility transfers.**
- 302 (1) After the ombudsman receives a notice described in Subsection 26B-2-237(2)(b), the

303 ombudsman shall:

304 (a) review the notice; and

305 (b) contact the resident or the resident's responsible person to conduct a voluntary
306 interview.

307 (2) The voluntary interview described in Subsection (1)(b) shall:

308 (a) provide the resident with information about the services available through the
309 ombudsman;

310 (b) confirm the details in the notice described in Subsection 26B-2-237(2)(b), including:

311 (i) the name of the resident;

312 (ii) the reason for the transfer or discharge;

313 (iii) the date of the transfer or discharge; and

314 (iv) a description of the resident's next living arrangement; and

315 (c) provide the resident an opportunity to discuss any concerns or complaints the
316 resident may have regarding:

317 (i) the resident's treatment at the assisted living facility; and

318 (ii) whether the assisted living facility treated the resident fairly when the assisted
319 living facility transferred or discharged the resident.

320 [~~3) On or before November 1 of each year, the ombudsman shall provide a report to the
321 Health and Human Services Interim Committee regarding:~~]

322 [~~(a) the reasons why assisted living facilities are transferring residents;~~]

323 [~~(b) where residents are going upon transfer or discharge; and~~]

324 [~~(c) the type and prevalence of complaints that the ombudsman receives regarding
325 assisted living facilities, including complaints about the process or reasons for a
326 transfer or discharge.~~]

327 Section 6. Section **26B-3-107** is amended to read:

328 **26B-3-107 . Dental benefits.**

329 (1)(a) Except as provided in Subsection (8), the division may establish a competitive bid
330 process to bid out Medicaid dental benefits under this chapter.

331 (b) The division may bid out the Medicaid dental benefits separately from other program
332 benefits.

333 (2) The division shall use the following criteria to evaluate dental bids:

334 (a) ability to manage dental expenses;

335 (b) proven ability to handle dental insurance;

336 (c) efficiency of claim paying procedures;

- 337 (d) provider contracting, discounts, and adequacy of network; and
338 (e) other criteria established by the department.
- 339 (3) The division shall request bids for the program's benefits at least once every five years.
- 340 (4) The division's contract with dental plans for the program's benefits shall include risk
341 sharing provisions in which the dental plan must accept 100% of the risk for any
342 difference between the division's premium payments per client and actual dental
343 expenditures.
- 344 (5) The division may not award contracts to:
- 345 (a) more than three responsive bidders under this section; or
346 (b) an insurer that does not have a current license in the state.
- 347 (6)(a) The division may cancel the request for proposals if:
- 348 (i) there are no responsive bidders; or
349 (ii) the division determines that accepting the bids would increase the program's costs.
- 350 (b) If the division cancels a request for proposal or a contract that results from a request
351 for proposal described in Subsection (6)(a), the division shall report to the Health and
352 Human Services Interim Committee regarding the reasons for the decision.
- 353 (7) Title 63G, Chapter 6a, Utah Procurement Code, shall apply to this section.
- 354 (8)(a) The division may:
- 355 (i) establish a dental health care delivery system and payment reform pilot program
356 for Medicaid dental benefits to increase access to cost effective and quality dental
357 health care by increasing the number of dentists available for Medicaid dental
358 services; and
359 (ii) target specific Medicaid populations or geographic areas in the state.
- 360 (b) The pilot program shall establish compensation models for dentists and dental
361 hygienists that:
- 362 (i) increase access to quality, cost effective dental care; and
363 (ii) use funds from the Division of Family Health ~~and Preparedness~~ that are
364 available to reimburse dentists for educational loans in exchange for the dentist
365 agreeing to serve Medicaid and under-served populations.
- 366 (c) The division may amend the state plan and apply to the Secretary of the United
367 States Department of Health and Human Services for waivers or pilot programs if
368 necessary to establish the new dental care delivery and payment reform model.
- 369 (d) The division shall evaluate the pilot program's effect on the cost of dental care and
370 access to dental care for the targeted Medicaid populations.

- 371 (9)(a) As used in this Subsection (9), "dental hygienist" means an individual who is
 372 licensed as a dental hygienist under Section 58-69-301.
- 373 (b) The department shall reimburse a dental hygienist for dental services performed in a
 374 public health setting and in accordance with Subsection (9)(c) beginning on the
 375 earlier of:
- 376 (i) January 1, 2023; or
 377 (ii) 30 days after the date on which the replacement of the department's Medicaid
 378 Management Information System software is complete.
- 379 (c) The department shall reimburse a dental hygienist directly for a service provided
 380 through the Medicaid program if:
- 381 (i) the dental hygienist requests to be reimbursed directly; and
 382 (ii) the dental hygienist provides the service within the scope of practice described in
 383 Section 58-69-801.
- 384 ~~[(d) Before November 30 of each year in which the department reimburses dental
 385 hygienists in accordance with Subsection (9)(c), the department shall report to the
 386 Health and Human Services Interim Committee, for the previous fiscal year:]~~
- 387 ~~[(i) the number and geographic distribution of dental hygienists who requested to be
 388 reimbursed directly;]~~
- 389 ~~[(ii) the total number of Medicaid enrollees who were served by a dental hygienist
 390 who were reimbursed under this Subsection (9);]~~
- 391 ~~[(iii) the total amount reimbursed directly to dental hygienists under this Subsection
 392 (9);]~~
- 393 ~~[(iv) the specific services and billing codes that are reimbursed under this Subsection
 394 (9); and]~~
- 395 ~~[(v) the aggregate amount reimbursed for each service and billing code described in
 396 Subsection (9)(d)(iv).]~~
- 397 ~~[(e)]~~ (d)(i) Except as provided in this Subsection (9), nothing in this Subsection (9)
 398 shall be interpreted as expanding or otherwise altering the limitations and scope of
 399 practice for a dental hygienist.
- 400 (ii) A dental hygienist may only directly bill and receive compensation for billing
 401 codes that fall within the scope of practice of a dental hygienist.

402 Section 7. Section **26B-5-102** is amended to read:

403 **26B-5-102 . Division of Integrated Healthcare -- Office of Substance Use and**
 404 **Mental Health -- Creation -- Responsibilities.**

- 405 (1)(a) The Division of Integrated Healthcare shall exercise responsibility over the
406 policymaking functions, regulatory and enforcement powers, rights, duties, and
407 responsibilities outlined in state law that were previously vested in the Division of
408 Substance Abuse and Mental Health within the department, under the administration
409 and general supervision of the executive director.
- 410 (b) The division is the substance abuse authority and the mental health authority for this
411 state.
- 412 (c) There is created the Office of Substance Use and Mental Health within the division.
- 413 (d) The office shall exercise the responsibilities, powers, rights, duties, and
414 responsibilities assigned to the office by the executive director.
- 415 (2) The division shall:
- 416 (a)(i) educate the general public regarding the nature and consequences of substance
417 use by promoting school and community-based prevention programs;
- 418 (ii) render support and assistance to public schools through approved school-based
419 substance abuse education programs aimed at prevention of substance use;
- 420 (iii) promote or establish programs for the prevention of substance use within the
421 community setting through community-based prevention programs;
- 422 (iv) cooperate with and assist treatment centers, recovery residences, and other
423 organizations that provide services to individuals recovering from a substance use
424 disorder, by identifying and disseminating information about effective practices
425 and programs;
- 426 (v) promote integrated programs that address an individual's substance use, mental
427 health, and physical health;
- 428 (vi) establish and promote an evidence-based continuum of screening, assessment,
429 prevention, treatment, and recovery support services in the community for
430 individuals with a substance use disorder or mental illness;
- 431 (vii) evaluate the effectiveness of programs described in this Subsection (2);
- 432 (viii) consider the impact of the programs described in this Subsection (2) on:
- 433 (A) emergency department utilization;
- 434 (B) jail and prison populations;
- 435 (C) the homeless population; and
- 436 (D) the child welfare system; and
- 437 (ix) promote or establish programs for education and certification of instructors to
438 educate individuals convicted of driving under the influence of alcohol or drugs or

- 439 driving with any measurable controlled substance in the body;
- 440 (b)(i) collect and disseminate information pertaining to mental health;
- 441 (ii) provide direction over the state hospital including approval of the state hospital's
- 442 budget, administrative policy, and coordination of services with local service
- 443 plans;
- 444 (iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
- 445 Rulemaking Act, to educate families concerning mental illness and promote
- 446 family involvement, when appropriate, and with patient consent, in the treatment
- 447 program of a family member;
- 448 (iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
- 449 Rulemaking Act, to direct that an individual receiving services through a local
- 450 mental health authority or the Utah State Hospital be informed about and, if
- 451 desired by the individual, provided assistance in the completion of a declaration
- 452 for mental health treatment in accordance with Section 26B-5-313; and
- 453 (v) to the extent authorized and in accordance with statute, make rules in accordance
- 454 with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that:
- 455 (A) create a certification for targeted case management;
- 456 (B) establish training and certification requirements;
- 457 (C) specify the types of services each certificate holder is qualified to provide;
- 458 (D) specify the type of supervision under which a certificate holder is required to
- 459 operate; and
- 460 (E) specify continuing education and other requirements for maintaining or
- 461 renewing certification;
- 462 (c)(i) consult and coordinate with local substance abuse authorities and local mental
- 463 health authorities regarding programs and services;
- 464 (ii) provide consultation and other assistance to public and private agencies and
- 465 groups working on substance use and mental health issues;
- 466 (iii) promote and establish cooperative relationships with courts, hospitals, clinics,
- 467 medical and social agencies, public health authorities, law enforcement agencies,
- 468 education and research organizations, and other related groups;
- 469 (iv) promote or conduct research on substance use and mental health issues, and
- 470 submit to the governor and the Legislature recommendations for changes in policy
- 471 and legislation;
- 472 (v) receive, distribute, and provide direction over public funds for substance use and

- 473 mental health services;
- 474 (vi) monitor and evaluate programs provided by local substance abuse authorities and
475 local mental health authorities;
- 476 (vii) examine expenditures of local, state, and federal funds;
- 477 (viii) monitor the expenditure of public funds by:
- 478 (A) local substance abuse authorities;
- 479 (B) local mental health authorities; and
- 480 (C) in counties where they exist, a private contract provider that has an annual or
481 otherwise ongoing contract to provide comprehensive substance abuse or
482 mental health programs or services for the local substance abuse authority or
483 local mental health authority;
- 484 (ix) contract with local substance abuse authorities and local mental health authorities
485 to provide a comprehensive continuum of services that include community-based
486 services for individuals involved in the criminal justice system, in accordance with
487 division policy, contract provisions, and the local plan;
- 488 (x) contract with private and public entities for special statewide or nonclinical
489 services, or services for individuals involved in the criminal justice system,
490 according to division rules;
- 491 (xi) review and approve each local substance abuse authority's plan and each local
492 mental health authority's plan in order to ensure:
- 493 (A) a statewide comprehensive continuum of substance use services;
- 494 (B) a statewide comprehensive continuum of mental health services;
- 495 (C) services result in improved overall health and functioning;
- 496 (D) a statewide comprehensive continuum of community-based services designed
497 to reduce criminal risk factors for individuals who are determined to have
498 substance use or mental illness conditions or both, and who are involved in the
499 criminal justice system;
- 500 (E) compliance, where appropriate, with the certification requirements in
501 Subsection (2)(h); and
- 502 (F) appropriate expenditure of public funds;
- 503 (xii) review and make recommendations regarding each local substance abuse
504 authority's contract with the local substance abuse authority's provider of
505 substance use programs and services and each local mental health authority's
506 contract with the local mental health authority's provider of mental health

- 507 programs and services to ensure compliance with state and federal law and policy;
- 508 (xiii) monitor and ensure compliance with division rules and contract requirements;
- 509 and
- 510 (xiv) withhold funds from local substance abuse authorities, local mental health
- 511 authorities, and public and private providers for contract noncompliance, failure to
- 512 comply with division directives regarding the use of public funds, or for misuse of
- 513 public funds or money;
- 514 (d) ensure that the requirements of this part are met and applied uniformly by local
- 515 substance abuse authorities and local mental health authorities across the state;
- 516 (e) require each local substance abuse authority and each local mental health authority,
- 517 in accordance with Subsections 17-43-201(5)(b) and 17-43-301(6)(a)(ii), to submit a
- 518 plan to the division on or before May 15 of each year;
- 519 (f) conduct an annual program audit and review of each local substance abuse authority
- 520 and each local substance abuse authority's contract provider, and each local mental
- 521 health authority and each local mental health authority's contract provider, including:
- 522 (i) a review and determination regarding whether:
- 523 (A) public funds allocated to the local substance abuse authority or the local
- 524 mental health authorities are consistent with services rendered by the authority
- 525 or the authority's contract provider, and with outcomes reported by the
- 526 authority's contract provider; and
- 527 (B) each local substance abuse authority and each local mental health authority is
- 528 exercising sufficient oversight and control over public funds allocated for
- 529 substance use disorder and mental health programs and services; and
- 530 (ii) items determined by the division to be necessary and appropriate;
- 531 (g) define "prevention" by rule as required under Title 32B, Chapter 2, Part 4, Alcoholic
- 532 Beverage and Substance Abuse Enforcement and Treatment Restricted Account Act;
- 533 (h)(i) train and certify an adult as a peer support specialist, qualified to provide peer
- 534 supports services to an individual with:
- 535 (A) a substance use disorder;
- 536 (B) a mental health disorder; or
- 537 (C) a substance use disorder and a mental health disorder;
- 538 (ii) certify a person to carry out, as needed, the division's duty to train and certify an
- 539 adult as a peer support specialist;
- 540 (iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative

- 541 Rulemaking Act, that:
- 542 (A) establish training and certification requirements for a peer support specialist;
- 543 (B) specify the types of services a peer support specialist is qualified to provide;
- 544 (C) specify the type of supervision under which a peer support specialist is
- 545 required to operate; and
- 546 (D) specify continuing education and other requirements for maintaining or
- 547 renewing certification as a peer support specialist; and
- 548 (iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
- 549 Rulemaking Act, that:
- 550 (A) establish the requirements for a person to be certified to carry out, as needed,
- 551 the division's duty to train and certify an adult as a peer support specialist; and
- 552 (B) specify how the division shall provide oversight of a person certified to train
- 553 and certify a peer support specialist;
- 554 (i) collaborate with the State Commission on Criminal and Juvenile Justice to analyze
- 555 and provide recommendations to the Legislature regarding:
- 556 (i) pretrial services and the resources needed to reduce recidivism;
- 557 (ii) county jail and county behavioral health early-assessment resources needed for an
- 558 individual convicted of a class A or class B misdemeanor; and
- 559 (iii) the replacement of federal dollars associated with drug interdiction law
- 560 enforcement task forces that are reduced;
- 561 (j) establish performance goals and outcome measurements for a mental health or
- 562 substance use treatment program that is licensed under Chapter 2, Part 1, Human
- 563 Services Programs and Facilities, and contracts with the department, including goals
- 564 and measurements related to employment and reducing recidivism of individuals
- 565 receiving mental health or substance use treatment who are involved with the
- 566 criminal justice system;
- 567 ~~[(k) annually, on or before November 30, submit a written report to the Judiciary Interim~~
- 568 ~~Committee, the Health and Human Services Interim Committee, and the Law~~
- 569 ~~Enforcement and Criminal Justice Interim Committee, that includes:]~~
- 570 ~~[(i) a description of the performance goals and outcome measurements described in~~
- 571 ~~Subsection (2)(j); and]~~
- 572 ~~[(ii) information on the effectiveness of the goals and measurements in ensuring~~
- 573 ~~appropriate and adequate mental health or substance use treatment is provided in a~~
- 574 ~~treatment program described in Subsection (2)(j);]~~

- 575 ~~[(h)]~~ (k) collaborate with the Administrative Office of the Courts, the Department of
576 Corrections, the Department of Workforce Services, and the Board of Pardons and
577 Parole to collect data on recidivism in accordance with the metrics and requirements
578 described in Section 63M-7-102;
- 579 ~~[(m)]~~ (l) at the division's discretion, use the data described in Subsection ~~[(2)(h)]~~ (2)(k) to
580 make decisions regarding the use of funds allocated to the division to provide
581 treatment;
- 582 ~~[(n)]~~ annually, on or before August 31, submit the data collected under Subsection (2)(l)
583 and any recommendations to improve the data collection to the State Commission on
584 Criminal and Juvenile Justice to be included in the report described in Subsection
585 63M-7-204(1)(x);]
- 586 ~~[(o)]~~ (m) publish the following on the division's website:
- 587 (i) the performance goals and outcome measurements described in Subsection (2)(j);
588 and
- 589 (ii) a description of the services provided and the contact information for the mental
590 health and substance use treatment programs described in Subsection (2)(j) and
591 residential, vocational and life skills programs, as defined in Section 13-53-102;
592 and
- 593 ~~[(p)]~~ (n) consult and coordinate with the Division of Child and Family Services to
594 develop and manage the operation of a program designed to reduce substance use
595 during pregnancy and by parents of a newborn child that includes:
- 596 (i) providing education and resources to health care providers and individuals in the
597 state regarding prevention of substance use during pregnancy;
- 598 (ii) providing training to health care providers in the state regarding screening of a
599 pregnant woman or pregnant minor to identify a substance use disorder; and
- 600 (iii) providing referrals to pregnant women, pregnant minors, or parents of a newborn
601 child in need of substance use treatment services to a facility that has the capacity
602 to provide the treatment services.
- 603 (3) In addition to the responsibilities described in Subsection (2), the division shall, within
604 funds appropriated by the Legislature for this purpose, implement and manage the
605 operation of a firearm safety and suicide prevention program, in consultation with the
606 Bureau of Criminal Identification created in Section 53-10-201, including:
- 607 (a) coordinating with local mental health and substance abuse authorities, a nonprofit
608 behavioral health advocacy group, and a representative from a Utah-based nonprofit

- 609 organization with expertise in the field of firearm use and safety that represents
610 firearm owners, to:
- 611 (i) produce and periodically review and update a firearm safety brochure and other
612 educational materials with information about the safe handling and use of firearms
613 that includes:
 - 614 (A) information on safe handling, storage, and use of firearms in a home
615 environment;
 - 616 (B) information about at-risk individuals and individuals who are legally
617 prohibited from possessing firearms;
 - 618 (C) information about suicide prevention awareness; and
 - 619 (D) information about the availability of firearm safety packets;
 - 620 (ii) procure cable-style gun locks for distribution under this section;
 - 621 (iii) produce a firearm safety packet that includes the firearm safety brochure and the
622 cable-style gun lock described in this Subsection (3); and
 - 623 (iv) create a suicide prevention education course that:
 - 624 (A) provides information for distribution regarding firearm safety education;
 - 625 (B) incorporates current information on how to recognize suicidal behaviors and
626 identify individuals who may be suicidal; and
 - 627 (C) provides information regarding crisis intervention resources;
 - 628 (b) distributing, free of charge, the firearm safety packet to the following persons, who
629 shall make the firearm safety packet available free of charge:
 - 630 (i) health care providers, including emergency rooms;
 - 631 (ii) mobile crisis outreach teams;
 - 632 (iii) mental health practitioners;
 - 633 (iv) other public health suicide prevention organizations;
 - 634 (v) entities that teach firearm safety courses;
 - 635 (vi) school districts for use in the seminar, described in Section 53G-9-702, for
636 parents of students in the school district; and
 - 637 (vii) firearm dealers to be distributed in accordance with Section 76-10-526;
 - 638 (c) creating and administering a rebate program that includes a rebate that offers
639 between \$10 and \$200 off the purchase price of a firearm safe from a participating
640 firearms dealer or a person engaged in the business of selling firearm safes in Utah,
641 by a Utah resident; and
 - 642 (d) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,

- 643 making rules that establish procedures for:
- 644 (i) producing and distributing the suicide prevention education course and the firearm
645 safety brochures and packets;
- 646 (ii) procuring the cable-style gun locks for distribution; and
- 647 (iii) administering the rebate program.
- 648 (4)(a) The division may refuse to contract with and may pursue legal remedies against
649 any local substance abuse authority or local mental health authority that fails, or has
650 failed, to expend public funds in accordance with state law, division policy, contract
651 provisions, or directives issued in accordance with state law.
- 652 (b) The division may withhold funds from a local substance abuse authority or local
653 mental health authority if the authority's contract provider of substance use or mental
654 health programs or services fails to comply with state and federal law or policy.
- 655 (5)(a) Before reissuing or renewing a contract with any local substance abuse authority
656 or local mental health authority, the division shall review and determine whether the
657 local substance abuse authority or local mental health authority is complying with the
658 oversight and management responsibilities described in Sections 17-43-201,
659 17-43-203, 17-43-303, and 17-43-309.
- 660 (b) Nothing in this Subsection (5) may be used as a defense to the responsibility and
661 liability described in Section 17-43-303 and to the responsibility and liability
662 described in Section 17-43-203.
- 663 (6) In carrying out the division's duties and responsibilities, the division may not duplicate
664 treatment or educational facilities that exist in other divisions or departments of the state,
665 but shall work in conjunction with those divisions and departments in rendering the
666 treatment or educational services that those divisions and departments are competent and
667 able to provide.
- 668 (7) The division may accept in the name of and on behalf of the state donations, gifts,
669 devises, or bequests of real or personal property or services to be used as specified by
670 the donor.
- 671 (8) The division shall annually review with each local substance abuse authority and each
672 local mental health authority the authority's statutory and contract responsibilities
673 regarding:
- 674 (a) use of public funds;
- 675 (b) oversight of public funds; and
- 676 (c) governance of substance use disorder and mental health programs and services.

- 677 (9) The Legislature may refuse to appropriate funds to the division upon the division's
678 failure to comply with the provisions of this part.
- 679 (10) If a local substance abuse authority contacts the division under Subsection 17-43-201
680 (10) for assistance in providing treatment services to a pregnant woman or pregnant
681 minor, the division shall:
- 682 (a) refer the pregnant woman or pregnant minor to a treatment facility that has the
683 capacity to provide the treatment services; or
- 684 (b) otherwise ensure that treatment services are made available to the pregnant woman
685 or pregnant minor.
- 686 (11) The division shall employ a school-based mental health specialist to be housed at the
687 State Board of Education who shall work with the State Board of Education to:
- 688 (a) provide coordination between a local education agency and local mental health
689 authority;
- 690 (b) recommend evidence-based and evidence informed mental health screenings and
691 intervention assessments for a local education agency; and
- 692 (c) coordinate with the local community, including local departments of health, to
693 enhance and expand mental health related resources for a local education agency.
- 694 Section 8. Section **26B-5-607** is amended to read:
- 695 **26B-5-607 . Grants for development of an ACT team.**
- 696 (1) The division shall award grants for the development of one or more ACT teams to
697 provide assertive community treatment to individuals in the state.
- 698 (2) The division shall prioritize the award of a grant described in Subsection (1) to entities,
699 based on:
- 700 (a) the number of individuals the proposed ACT team will serve;
- 701 (b) the ability of the entity to provide housing to individuals served under the program;
- 702 (c) the ability of the entity to provide evidence of probable future program sustainability;
- 703 and
- 704 (d) the percentage of matching funds the entity will provide to develop the proposed
705 ACT team.
- 706 (3)(a) An entity does not need to have resources already in place to be awarded a grant
707 described in Subsection (1).
- 708 (b) An entity may submit an application for and be awarded more than one grant
709 pursuant to the prioritization described in Subsection (2).
- 710 (c) An ACT team developed using a grant awarded under this section shall:

- 711 (i) coordinate with local homeless councils and criminal justice coordinating councils
 712 to align the ACT team's services with existing services and strategic plans; and
 713 (ii) work with an individual served under the program to secure and maintain housing
 714 and provide wraparound services, including:
 715 (A) clinical support;
 716 (B) case management;
 717 (C) peer support;
 718 (D) employment support; and
 719 (E) other services identified in the long-term, statewide ACT team plan described
 720 in Section 26B-5-606.
- 721 (4) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah
 722 Administrative Rulemaking Act, for the application and award of the grants described in
 723 Subsection (1).
- 724 ~~[(5) Before June 30, 2024, and before June 30 of each subsequent fiscal year in which a
 725 grant is awarded under Subsection (1), the division shall report to the Health and Human
 726 Services Interim Committee regarding:]~~
- 727 ~~[(a) data gathered in relation to each awarded grant;]~~
 728 ~~[(b) knowledge gained relating to the provision of medical and mental health services by
 729 ACT teams;]~~
- 730 ~~[(c) recommendations for the future use of ACT teams to provide medical and mental
 731 health services;]~~
- 732 ~~[(d) Medicaid reimbursement for services provided by ACT teams; and]~~
- 733 ~~[(e) aggregated data about the patients who have received services from an ACT team,
 734 including:]~~
- 735 ~~[(i) the number of ACT team patients who have a severe mental illness;]~~
 736 ~~[(ii) the number of ACT team patients who have a co-occurring substance use
 737 disorder;]~~
- 738 ~~[(iii) the number of ACT team patients who are experiencing homelessness or facing
 739 housing insecurity; and]~~
- 740 ~~[(iv) the number of ACT team patients who, after the most recent report was made,
 741 have experienced:]~~
- 742 ~~[(A) an acute psychiatric hospitalization;]~~
 743 ~~[(B) an arrest, incarceration, probation, or parole; or]~~
 744 ~~[(C) a transition from homelessness or housing insecurity to supported housing or~~

745 housing.]

746 Section 9. Section **63M-7-204** is amended to read:

747 **63M-7-204 . Duties of commission.**

748 (1) The commission shall:

- 749 (a) promote the commission's purposes as enumerated in Section 63M-7-201;
- 750 (b) promote the communication and coordination of all criminal and juvenile justice
751 agencies;
- 752 (c) study, evaluate, and report on the status of crime in the state and on the effectiveness
753 of criminal justice policies, procedures, and programs that are directed toward the
754 reduction of crime in the state;
- 755 (d) study, evaluate, and report on programs initiated by state and local agencies to
756 address reducing recidivism, including changes in penalties and sentencing
757 guidelines intended to reduce recidivism, costs savings associated with the reduction
758 in the number of inmates, and evaluation of expenses and resources needed to meet
759 goals regarding the use of treatment as an alternative to incarceration, as resources
760 allow;
- 761 (e) study, evaluate, and report on policies, procedures, and programs of other
762 jurisdictions which have effectively reduced crime;
- 763 (f) identify and promote the implementation of specific policies and programs the
764 commission determines will significantly reduce crime in Utah;
- 765 (g) provide analysis and recommendations on all criminal and juvenile justice
766 legislation, state budget, and facility requests, including program and fiscal impact on
767 all components of the criminal and juvenile justice system;
- 768 (h) provide analysis, accountability, recommendations, and supervision for state and
769 federal criminal justice grant money;
- 770 (i) provide public information on the criminal and juvenile justice system and give
771 technical assistance to agencies or local units of government on methods to promote
772 public awareness;
- 773 (j) promote research and program evaluation as an integral part of the criminal and
774 juvenile justice system;
- 775 (k) provide a comprehensive criminal justice plan annually;
- 776 (l) review agency forecasts regarding future demands on the criminal and juvenile
777 justice systems, including specific projections for secure bed space;
- 778 (m) promote the development of criminal and juvenile justice information systems that

- 779 are consistent with common standards for data storage and are capable of
780 appropriately sharing information with other criminal justice information systems by:
- 781 (i) developing and maintaining common data standards for use by all state criminal
782 justice agencies;
 - 783 (ii) annually performing audits of criminal history record information maintained by
784 state criminal justice agencies to assess their accuracy, completeness, and
785 adherence to standards;
 - 786 (iii) defining and developing state and local programs and projects associated with
787 the improvement of information management for law enforcement and the
788 administration of justice; and
 - 789 (iv) establishing general policies concerning criminal and juvenile justice information
790 systems and making rules as necessary to carry out the duties under Subsection
791 (1)(k) and this Subsection (1)(m);
 - 792 (n) allocate and administer grants, from money made available, for approved education
793 programs to help prevent the sexual exploitation of children;
 - 794 (o) allocate and administer grants for law enforcement operations and programs related
795 to reducing illegal drug activity and related criminal activity;
 - 796 (p) request, receive, and evaluate data and recommendations collected and reported by
797 agencies and contractors related to policies recommended by the commission
798 regarding recidivism reduction, including the data described in Section 13-53-111
799 and Subsection [~~26B-5-102(2)(f)~~] 26B-5-102(2)(k);
 - 800 (q) establish and administer a performance incentive grant program that allocates funds
801 appropriated by the Legislature to programs and practices implemented by counties
802 that reduce recidivism and reduce the number of offenders per capita who are
803 incarcerated;
 - 804 (r) oversee or designate an entity to oversee the implementation of juvenile justice
805 reforms;
 - 806 (s) make rules and administer the juvenile holding room standards and juvenile jail
807 standards to align with the Juvenile Justice and Delinquency Prevention Act
808 requirements pursuant to 42 U.S.C. Sec. 5633;
 - 809 (t) allocate and administer grants, from money made available, for pilot qualifying
810 education programs;
 - 811 (u) request, receive, and evaluate the aggregate data collected from prosecutorial
812 agencies and the Administrative Office of the Courts, in accordance with Sections

- 813 63M-7-216 and 78A-2-109.5;
- 814 (v) report annually to the Law Enforcement and Criminal Justice Interim Committee on
- 815 the progress made on each of the following goals of the Justice Reinvestment
- 816 Initiative:
- 817 (i) ensuring oversight and accountability;
- 818 (ii) supporting local corrections systems;
- 819 (iii) improving and expanding reentry and treatment services; and
- 820 (iv) strengthening probation and parole supervision;
- 821 (w) compile a report of findings based on the data and recommendations provided under
- 822 Section 13-53-111 [~~and Subsection 26B-5-102(2)(n)~~]that[:]
- 823 [(~~i~~)] _separates the data provided under Section 13-53-111 by each residential,
- 824 vocational and life skills program[~~; and~~] ;
- 825 [~~(ii) separates the data provided under Subsection 26B-5-102(2)(n) by each mental~~
- 826 ~~health or substance use treatment program;~~]
- 827 (x) publish the report described in Subsection (1)(w) on the commission's website and
- 828 annually provide the report to the Judiciary Interim Committee, the Health and
- 829 Human Services Interim Committee, the Law Enforcement and Criminal Justice
- 830 Interim Committee, and the related appropriations subcommittees;
- 831 (y) receive, compile, and publish on the commission's website the data provided under:
- 832 (i) Section 53-25-202;
- 833 (ii) Section 53-25-301; and
- 834 (iii) Section 53-25-401;
- 835 (z) review, research, advise, and make recommendations to the three branches of
- 836 government regarding evidence-based sex offense management policies and
- 837 practices, including supervision standards, treatment standards, and the sex offender
- 838 registry;
- 839 (aa) receive and evaluate a referral from the Department of Public Safety received under
- 840 Section 53-21-104.3 involving a denial of mental health resources to an eligible
- 841 individual, including, if appropriate in the commission's discretion, deny the relevant
- 842 entity from receiving any grant of state funds under Section 63M-7-218 for a
- 843 specified period of time; and
- 844 (bb) accept public comment.
- 845 (2)(a) The commission may designate an entity to perform the duties described in this
- 846 part.

847 (b) If the commission designates an entity under Subsection (2)(a), the commission shall
848 ensure that the membership of the designated entity includes representation from
849 relevant stakeholder groups from the parts of the justice system implicated in the
850 policy area.

851 (3) ~~in~~ In fulfilling the commission's duties under Subsection (1), the commission may seek
852 input and request assistance from groups with knowledge and expertise in criminal
853 justice, including other boards and commissions affiliated or housed within the
854 commission.

855 Section 10. **Effective Date.**

856 This bill takes effect on May 7, 2025.