

Logan J. Monson proposes the following substitute bill:

Health and Human Services Reporting Requirements

2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Logan J. Monson

Senate Sponsor:

LONG TITLE

General Description:

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

Highlighted Provisions:

This bill:

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

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

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

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

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

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

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

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

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

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

63A-17-806, as last amended by Laws of Utah 2023, Chapters 329, 530

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

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

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

30 **26B-1-207 . Policymaking responsibilities -- Regulations for local health**
31 **departments prescribed by department -- Local standards not more stringent than**
32 **federal or state standards -- Consultation with local health departments -- Committee to**
33 **evaluate health policies and to review federal grants.**

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

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

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

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

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

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

50 (i) "Committee" means the committee established under Subsection (3)(b).

51 (ii) "Exempt application" means an application for a federal grant that meets the
52 criteria established under Subsection (3)(c)(iv).

53 (iii) "Expedited application" means an application for a federal grant that meets the
54 criteria established under Subsection (3)(c)(v).

55 (iv) "Federal grant" means a grant from the federal government that could provide
56 funds for local health departments to help them fulfill their duties and
57 responsibilities.

58 (v) "Reviewable application" means an application for a federal grant that is not an
59 exempt application.

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

61 (i) the executive director, or the executive director's designee;

62 (ii) two representatives of the department, appointed by the executive director; and

63 (iii) three representatives of local health departments, appointed by all local health

64 departments.

65 (c) The committee shall:

66 (i) evaluate the allocation of public health resources between the department and
67 local health departments, including whether funds allocated by contract were
68 allocated in accordance with the formula described in Section 26A-1-116;

69 (ii) evaluate policies and rules that affect local health departments in accordance with
70 Subsection (3)(g);

71 (iii) consider department policy and rule changes proposed by the department or local
72 health departments;

73 (iv) establish criteria by which an application for a federal grant may be judged to
74 determine whether it should be exempt from the requirements under Subsection
75 (3)(d); and

76 (v) establish criteria by which an application for a federal grant may be judged to
77 determine whether committee review under Subsection (3)(d)(i) should be delayed
78 until after the application is submitted because the application is required to be
79 submitted under a timetable that makes committee review before it is submitted
80 impracticable if the submission deadline is to be met.

81 (d)(i) The committee shall review the goals and budget for each reviewable
82 application:

83 (A) before the application is submitted, except for an expedited application; and

84 (B) for an expedited application, after the application is submitted but before
85 funds from the federal grant for which the application was submitted are
86 disbursed or encumbered.

87 (ii) Funds from a federal grant under a reviewable application may not be disbursed
88 or encumbered before the goals and budget for the federal grant are established by
89 a two-thirds vote of the committee, following the committee review under
90 Subsection (3)(d)(i).

91 (e) An exempt application is exempt from the requirements of Subsection (3)(d).

92 (f) The department may use money from a federal grant to pay administrative costs
93 incurred in implementing this Subsection (3).

94 (g) When evaluating a policy or rule that affects a local health department, the
95 committee shall determine:

96 (i) whether the department has the authority to promulgate the policy or rule;

97 (ii) an estimate of the cost a local health department will bear to comply with the

- 98 policy or rule;
- 99 (iii) whether there is any funding provided to a local health department to implement
- 100 the policy or rule; and
- 101 (iv) whether the policy or rule is still needed.

102 ~~[(h) Before November 1 of each year, the department shall provide a report to the Rules~~

103 ~~Review and General Oversight Committee regarding the determinations made under~~

104 ~~Subsection (3)(g).]~~

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

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

107 **Duties.**

- 108 (1)(a) "Director" means the director of the Office of American Indian-Alaska Native
- 109 Health and Family Services appointed under Section 26B-1-231.
- 110 (b) "Health care" means care, treatment, service, or a procedure to improve, maintain,
- 111 diagnose, or otherwise affect an individual's physical or mental condition.
- 112 (c) "Health liaison" means the American Indian-Alaska Native Health Liaison appointed
- 113 under Subsection (2).
- 114 (2)(a) The executive director shall appoint an individual as the American Indian-Alaska
- 115 Native Health Liaison.
- 116 (b) The health liaison shall serve under the supervision of the director.
- 117 (3) The health liaison shall:
- 118 (a) promote and coordinate collaborative efforts between the department and Utah's
- 119 American Indian-Alaska Native population to improve the availability and
- 120 accessibility of quality health care impacting Utah's American Indian-Alaska Native
- 121 populations on and off reservations;
- 122 (b) interact with the following to improve health disparities for Utah's American
- 123 Indian-Alaska Native populations:
- 124 (i) tribal health programs;
- 125 (ii) local health departments;
- 126 (iii) state agencies and officials; and
- 127 (iv) providers of health care in the private sector;
- 128 (c) facilitate education, training, and technical assistance regarding public health and
- 129 medical assistance programs to Utah's American Indian-Alaska Native populations;
- 130 and
- 131 (d) staff an advisory board by which Utah's tribes may consult with state and local

132 agencies for the development and improvement of public health programs designed
133 to address improved health care for Utah's American Indian-Alaska Native
134 populations on and off the reservation.

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

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

138 **26B-1-421 . Compassionate Use Board.**

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

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

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

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

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

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

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

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

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

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

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

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

161 (i) each term is four years; and

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

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

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

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

- 166 (a) notwithstanding Section 63A-3-106, compensation or benefits for the member's
167 service; and
- 168 (b) travel expenses in accordance with Section 63A-3-107 and rules made by the
169 Division of Finance in accordance with Section 63A-3-107.
- 170 (5) The Compassionate Use Board shall:
- 171 (a) review and recommend for department approval a petition to the board regarding an
172 individual described in Subsection 26B-4-213(2)(a), a minor described in Subsection
173 26B-4-213(2)(c), or an individual who is not otherwise qualified to receive a medical
174 cannabis card to obtain a medical cannabis card for compassionate use, for the
175 standard or a reduced period of validity, if:
- 176 (i) for an individual who is not otherwise qualified to receive a medical cannabis
177 card, the individual's recommending medical provider is actively treating the
178 individual for an intractable condition that:
- 179 (A) substantially impairs the individual's quality of life; and
180 (B) has not, in the recommending medical provider's professional opinion,
181 adequately responded to conventional treatments;
- 182 (ii) the recommending medical provider:
- 183 (A) recommends that the individual or minor be allowed to use medical cannabis;
184 and
185 (B) provides a letter, relevant treatment history, and notes or copies of progress
186 notes describing relevant treatment history including rationale for considering
187 the use of medical cannabis; and
- 188 (iii) the Compassionate Use Board determines that:
- 189 (A) the recommendation of the individual's recommending medical provider is
190 justified; and
191 (B) based on available information, it may be in the best interests of the individual
192 to allow the use of medical cannabis;
- 193 (b) when a recommending medical provider recommends that an individual described in
194 Subsection 26B-4-213(2)(a)(i)(B) or a minor described in Subsection 26B-4-213(2)(c)
195 be allowed to use a medical cannabis device or medical cannabis to vaporize a
196 medical cannabis treatment, review and approve or deny the use of the medical
197 cannabis device or medical cannabis;
- 198 (c) unless no petitions are pending:
- 199 (i) meet to receive or review compassionate use petitions at least quarterly; and

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

234 recommendation of the recommending medical provider described in
235 Subsection (5)(a).

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

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

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

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

248 (a) the Cannabis Research Review Board; and

249 (b) the advisory board.

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

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

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

255 (a) the executive director or the executive director's designee;

256 (b) the commissioner of the Department of Public Safety or the commissioner's designee;

257 (c) the director of the Department of Alcoholic Beverage Services or that director's
258 designee;

259 (d) the executive director of the Department of Workforce Services or that executive
260 director's designee;

261 (e) the chair of the Utah Substance Use and Mental Health Advisory Committee or the
262 chair's designee;

263 (f) the state court administrator or the state court administrator's designee; and

264 (g) the director of the Division of Technology Services or that director's designee.

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

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

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

268 is an action of the committee.

269 (4) The committee shall meet at the call of the chair~~[-, except that the chair shall call a~~
270 ~~meeting at least twice a year:]~~ .

271 ~~[(a) with one meeting held each year to develop the report required under Subsection~~
272 ~~(7); and]~~

273 ~~[(b) with one meeting held to review and finalize the report before the report is issued.]~~

274 (5) The committee may adopt additional procedures or requirements for:

275 (a) voting, when there is a tie of the committee members;

276 (b) how meetings are to be called; and

277 (c) the frequency of meetings.

278 (6) The committee shall establish a process to collect for each calendar year the following
279 information:

280 (a) the number of individuals statewide who are convicted of, plead guilty to, plead no
281 contest to, plead guilty in a similar manner to, or resolve by diversion or its
282 equivalent to a violation related to underage drinking of alcohol;

283 (b) the number of individuals statewide who are convicted of, plead guilty to, plead no
284 contest to, plead guilty in a similar manner to, or resolve by diversion or its
285 equivalent to a violation related to driving under the influence of alcohol;

286 (c) the number of violations statewide of Title 32B, Alcoholic Beverage Control Act,
287 related to over-serving or over-consumption of an alcoholic product;

288 (d) the cost of social services provided by the state related to abuse of alcohol, including
289 services provided by the Division of Child and Family Services;

290 (e) the location where the alcoholic products that result in the violations or costs
291 described in Subsections (6)(a) through (d) are obtained; and

292 (f) any information the committee determines can be collected and relates to the abuse of
293 alcoholic products.

294 ~~[(7) The committee shall:]~~

295 ~~[(a) report the information collected under Subsection (6) annually to the governor, the~~
296 ~~Law Enforcement and Criminal Justice Interim Committee, and the State~~
297 ~~Commission on Criminal and Juvenile Justice by no later than the July 1 immediately~~
298 ~~following the calendar year for which the information is collected; and]~~

299 ~~[(b) provide all data collected before January 1, 2024, under Subsection (6) to the State~~
300 ~~Commission on Criminal and Juvenile Justice.]~~

301 Section 5. Section **26B-2-309** is amended to read:

302 **26B-2-309 . Assisted living facility transfers.**

- 303 (1) After the ombudsman receives a notice described in Subsection 26B-2-237(2)(b), the
 304 ombudsman shall:
- 305 (a) review the notice; and
- 306 (b) contact the resident or the resident's responsible person to conduct a voluntary
 307 interview.
- 308 (2) The voluntary interview described in Subsection (1)(b) shall:
- 309 (a) provide the resident with information about the services available through the
 310 ombudsman;
- 311 (b) confirm the details in the notice described in Subsection 26B-2-237(2)(b), including:
- 312 (i) the name of the resident;
- 313 (ii) the reason for the transfer or discharge;
- 314 (iii) the date of the transfer or discharge; and
- 315 (iv) a description of the resident's next living arrangement; and
- 316 (c) provide the resident an opportunity to discuss any concerns or complaints the
 317 resident may have regarding:
- 318 (i) the resident's treatment at the assisted living facility; and
- 319 (ii) whether the assisted living facility treated the resident fairly when the assisted
 320 living facility transferred or discharged the resident.

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

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

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

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

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

329 **26B-3-107 . Dental benefits.**

- 330 (1)(a) Except as provided in Subsection (8), the division may establish a competitive bid
 331 process to bid out Medicaid dental benefits under this chapter.
- 332 (b) The division may bid out the Medicaid dental benefits separately from other program
 333 benefits.
- 334 (2) The division shall use the following criteria to evaluate dental bids:
- 335 (a) ability to manage dental expenses;

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

- 370 (d) The division shall evaluate the pilot program's effect on the cost of dental care and
 371 access to dental care for the targeted Medicaid populations.
- 372 (9)(a) As used in this Subsection (9), "dental hygienist" means an individual who is
 373 licensed as a dental hygienist under Section 58-69-301.
- 374 (b) The department shall reimburse a dental hygienist for dental services performed in a
 375 public health setting and in accordance with Subsection (9)(c) beginning on the
 376 earlier of:
- 377 (i) January 1, 2023; or
 378 (ii) 30 days after the date on which the replacement of the department's Medicaid
 379 Management Information System software is complete.
- 380 (c) The department shall reimburse a dental hygienist directly for a service provided
 381 through the Medicaid program if:
- 382 (i) the dental hygienist requests to be reimbursed directly; and
 383 (ii) the dental hygienist provides the service within the scope of practice described in
 384 Section 58-69-801.
- 385 ~~[(d) Before November 30 of each year in which the department reimburses dental
 386 hygienists in accordance with Subsection (9)(c), the department shall report to the
 387 Health and Human Services Interim Committee, for the previous fiscal year:]~~
- 388 ~~[(i) the number and geographic distribution of dental hygienists who requested to be
 389 reimbursed directly;]~~
- 390 ~~[(ii) the total number of Medicaid enrollees who were served by a dental hygienist
 391 who were reimbursed under this Subsection (9);]~~
- 392 ~~[(iii) the total amount reimbursed directly to dental hygienists under this Subsection
 393 (9);]~~
- 394 ~~[(iv) the specific services and billing codes that are reimbursed under this Subsection
 395 (9); and]~~
- 396 ~~[(v) the aggregate amount reimbursed for each service and billing code described in
 397 Subsection (9)(d)(iv).]~~
- 398 ~~[(e)]~~ (d)(i) Except as provided in this Subsection (9), nothing in this Subsection (9)
 399 shall be interpreted as expanding or otherwise altering the limitations and scope of
 400 practice for a dental hygienist.
- 401 (ii) A dental hygienist may only directly bill and receive compensation for billing
 402 codes that fall within the scope of practice of a dental hygienist.
- 403 Section 7. Section **26B-5-102** is amended to read:

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

406 (1)(a) The Division of Integrated Healthcare shall exercise responsibility over the
407 policymaking functions, regulatory and enforcement powers, rights, duties, and
408 responsibilities outlined in state law that were previously vested in the Division of
409 Substance Abuse and Mental Health within the department, under the administration
410 and general supervision of the executive director.

411 (b) The division is the substance abuse authority and the mental health authority for this
412 state.

413 (c) There is created the Office of Substance Use and Mental Health within the division.

414 (d) The office shall exercise the responsibilities, powers, rights, duties, and
415 responsibilities assigned to the office by the executive director.

416 (2) The division shall:

417 (a)(i) educate the general public regarding the nature and consequences of substance
418 use by promoting school and community-based prevention programs;

419 (ii) render support and assistance to public schools through approved school-based
420 substance abuse education programs aimed at prevention of substance use;

421 (iii) promote or establish programs for the prevention of substance use within the
422 community setting through community-based prevention programs;

423 (iv) cooperate with and assist treatment centers, recovery residences, and other
424 organizations that provide services to individuals recovering from a substance use
425 disorder, by identifying and disseminating information about effective practices
426 and programs;

427 (v) promote integrated programs that address an individual's substance use, mental
428 health, and physical health;

429 (vi) establish and promote an evidence-based continuum of screening, assessment,
430 prevention, treatment, and recovery support services in the community for
431 individuals with a substance use disorder or mental illness;

432 (vii) evaluate the effectiveness of programs described in this Subsection (2);

433 (viii) consider the impact of the programs described in this Subsection (2) on:

434 (A) emergency department utilization;

435 (B) jail and prison populations;

436 (C) the homeless population; and

437 (D) the child welfare system; and

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

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

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

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

574 appropriate and adequate mental health or substance use treatment is provided in a
575 treatment program described in Subsection (2)(j);]

576 [(+) (k) collaborate with the Administrative Office of the Courts, the Department of
577 Corrections, the Department of Workforce Services, and the Board of Pardons and
578 Parole to collect data on recidivism in accordance with the metrics and requirements
579 described in Section 63M-7-102;

580 [(m) (l) at the division's discretion, use the data described in Subsection [(2)(+)] (2)(k) to
581 make decisions regarding the use of funds allocated to the division to provide
582 treatment;

583 [(n) annually, on or before August 31, submit the data collected under Subsection (2)(l)
584 and any recommendations to improve the data collection to the State Commission on
585 Criminal and Juvenile Justice to be included in the report described in Subsection
586 63M-7-204(1)(x);]

587 [(+) (m) publish the following on the division's website:

588 (i) the performance goals and outcome measurements described in Subsection (2)(j);
589 and

590 (ii) a description of the services provided and the contact information for the mental
591 health and substance use treatment programs described in Subsection (2)(j) and
592 residential, vocational and life skills programs, as defined in Section 13-53-102;
593 and

594 [(+) (n) consult and coordinate with the Division of Child and Family Services to
595 develop and manage the operation of a program designed to reduce substance use
596 during pregnancy and by parents of a newborn child that includes:

597 (i) providing education and resources to health care providers and individuals in the
598 state regarding prevention of substance use during pregnancy;

599 (ii) providing training to health care providers in the state regarding screening of a
600 pregnant woman or pregnant minor to identify a substance use disorder; and

601 (iii) providing referrals to pregnant women, pregnant minors, or parents of a newborn
602 child in need of substance use treatment services to a facility that has the capacity
603 to provide the treatment services.

604 (3) In addition to the responsibilities described in Subsection (2), the division shall, within
605 funds appropriated by the Legislature for this purpose, implement and manage the
606 operation of a firearm safety and suicide prevention program, in consultation with the
607 Bureau of Criminal Identification created in Section 53-10-201, including:

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

- 642 by a Utah resident; and
- 643 (d) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
644 making rules that establish procedures for:
- 645 (i) producing and distributing the suicide prevention education course and the firearm
646 safety brochures and packets;
- 647 (ii) procuring the cable-style gun locks for distribution; and
- 648 (iii) administering the rebate program.
- 649 (4)(a) The division may refuse to contract with and may pursue legal remedies against
650 any local substance abuse authority or local mental health authority that fails, or has
651 failed, to expend public funds in accordance with state law, division policy, contract
652 provisions, or directives issued in accordance with state law.
- 653 (b) The division may withhold funds from a local substance abuse authority or local
654 mental health authority if the authority's contract provider of substance use or mental
655 health programs or services fails to comply with state and federal law or policy.
- 656 (5)(a) Before reissuing or renewing a contract with any local substance abuse authority
657 or local mental health authority, the division shall review and determine whether the
658 local substance abuse authority or local mental health authority is complying with the
659 oversight and management responsibilities described in Sections 17-43-201,
660 17-43-203, 17-43-303, and 17-43-309.
- 661 (b) Nothing in this Subsection (5) may be used as a defense to the responsibility and
662 liability described in Section 17-43-303 and to the responsibility and liability
663 described in Section 17-43-203.
- 664 (6) In carrying out the division's duties and responsibilities, the division may not duplicate
665 treatment or educational facilities that exist in other divisions or departments of the state,
666 but shall work in conjunction with those divisions and departments in rendering the
667 treatment or educational services that those divisions and departments are competent and
668 able to provide.
- 669 (7) The division may accept in the name of and on behalf of the state donations, gifts,
670 devises, or bequests of real or personal property or services to be used as specified by
671 the donor.
- 672 (8) The division shall annually review with each local substance abuse authority and each
673 local mental health authority the authority's statutory and contract responsibilities
674 regarding:
- 675 (a) use of public funds;

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

- 710 pursuant to the prioritization described in Subsection (2).
- 711 (c) An ACT team developed using a grant awarded under this section shall:
- 712 (i) coordinate with local homeless councils and criminal justice coordinating councils
- 713 to align the ACT team's services with existing services and strategic plans; and
- 714 (ii) work with an individual served under the program to secure and maintain housing
- 715 and provide wraparound services, including:
- 716 (A) clinical support;
- 717 (B) case management;
- 718 (C) peer support;
- 719 (D) employment support; and
- 720 (E) other services identified in the long-term, statewide ACT team plan described
- 721 in Section 26B-5-606.
- 722 (4) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah
- 723 Administrative Rulemaking Act, for the application and award of the grants described in
- 724 Subsection (1).
- 725 [~~(5) Before June 30, 2024, and before June 30 of each subsequent fiscal year in which a~~
- 726 ~~grant is awarded under Subsection (1), the division shall report to the Health and Human~~
- 727 ~~Services Interim Committee regarding:]~~
- 728 [~~(a) data gathered in relation to each awarded grant;]~~
- 729 [~~(b) knowledge gained relating to the provision of medical and mental health services by~~
- 730 ~~ACT teams;]~~
- 731 [~~(c) recommendations for the future use of ACT teams to provide medical and mental~~
- 732 ~~health services;]~~
- 733 [~~(d) Medicaid reimbursement for services provided by ACT teams; and]~~
- 734 [~~(e) aggregated data about the patients who have received services from an ACT team,~~
- 735 ~~including:]~~
- 736 [~~(i) the number of ACT team patients who have a severe mental illness;]~~
- 737 [~~(ii) the number of ACT team patients who have a co-occurring substance use~~
- 738 ~~disorder;]~~
- 739 [~~(iii) the number of ACT team patients who are experiencing homelessness or facing~~
- 740 ~~housing insecurity; and]~~
- 741 [~~(iv) the number of ACT team patients who, after the most recent report was made,~~
- 742 ~~have experienced:]~~
- 743 [~~(A) an acute psychiatric hospitalization;]~~

744 ~~[(B) an arrest, incarceration, probation, or parole; or]~~
 745 ~~[(C) a transition from homelessness or housing insecurity to supported housing or~~
 746 ~~housing.]~~

747 Section 9. Section **63A-17-806** is amended to read:

748 **63A-17-806 . Definitions -- Infant at Work Pilot Program -- Administration --**
 749 **Report.**

750 (1) As used in this section:

- 751 (a) "Eligible employee" means an employee who has been employed by the Department
 752 of Health and Human Services for a minimum of:
 753 (i) 12 consecutive months; and
 754 (ii) 1,250 hours, excluding paid time off during the 12-month period immediately
 755 preceding the day on which the employee applies for participation in the program.
 756 (b) "Infant" means a baby that is at least six weeks of age and no more than six months
 757 of age.
 758 (c) "Parent" means:
 759 (i) a biological or adoptive parent of an infant; or
 760 (ii) an individual who has an infant placed in the individual's foster care by the
 761 Division of Child and Family Services.
 762 (d) "Program" means the Infant at Work Pilot Program established in this section.

763 (2) There is created the Infant at Work Pilot Program for eligible employees.

764 (3) The program shall:

- 765 (a) allow an eligible employee to bring the eligible employee's infant to work subject to
 766 the provisions of this section;
 767 (b) be administered by the division; and
 768 (c) be implemented for a minimum of one year.

769 (4) The division shall establish an application process for eligible employees of the
 770 Department of Health and Human Services to apply to the program that includes:

- 771 (a) a process for evaluating whether an eligible employee's work environment is
 772 appropriate for an infant;
 773 (b) guidelines for infant health and safety; and
 774 (c) guidelines regarding an eligible employee's initial and ongoing participation in the
 775 program.

776 (5) If the division approves the eligible employee for participation in the program, the
 777 eligible employee shall have the sole responsibility for the care and safety of the infant

778 at the workplace.

779 (6) The division may not require the Department of Health and Human Services to
780 designate or set aside space for an eligible employee's infant other than the eligible
781 employee's existing work space.

782 (7) The division, in consultation with the Department of Health and Human Services, shall
783 make rules that the department determines necessary to establish the program in
784 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

785 [~~(8) On or before June 30, 2025, the division, in consultation with the Department of Health
786 and Human Services, shall submit a written report to the Business and Labor Interim
787 Committee that describes the efficacy of the program, including any recommendations
788 for additional legislative action.]~~

789 Section 10. Section **63M-7-204** is amended to read:

790 **63M-7-204 . Duties of commission.**

791 (1) The commission shall:

792 (a) promote the commission's purposes as enumerated in Section 63M-7-201;

793 (b) promote the communication and coordination of all criminal and juvenile justice
794 agencies;

795 (c) study, evaluate, and report on the status of crime in the state and on the effectiveness
796 of criminal justice policies, procedures, and programs that are directed toward the
797 reduction of crime in the state;

798 (d) study, evaluate, and report on programs initiated by state and local agencies to
799 address reducing recidivism, including changes in penalties and sentencing
800 guidelines intended to reduce recidivism, costs savings associated with the reduction
801 in the number of inmates, and evaluation of expenses and resources needed to meet
802 goals regarding the use of treatment as an alternative to incarceration, as resources
803 allow;

804 (e) study, evaluate, and report on policies, procedures, and programs of other
805 jurisdictions which have effectively reduced crime;

806 (f) identify and promote the implementation of specific policies and programs the
807 commission determines will significantly reduce crime in Utah;

808 (g) provide analysis and recommendations on all criminal and juvenile justice
809 legislation, state budget, and facility requests, including program and fiscal impact on
810 all components of the criminal and juvenile justice system;

811 (h) provide analysis, accountability, recommendations, and supervision for state and

- 812 federal criminal justice grant money;
- 813 (i) provide public information on the criminal and juvenile justice system and give
814 technical assistance to agencies or local units of government on methods to promote
815 public awareness;
- 816 (j) promote research and program evaluation as an integral part of the criminal and
817 juvenile justice system;
- 818 (k) provide a comprehensive criminal justice plan annually;
- 819 (l) review agency forecasts regarding future demands on the criminal and juvenile
820 justice systems, including specific projections for secure bed space;
- 821 (m) promote the development of criminal and juvenile justice information systems that
822 are consistent with common standards for data storage and are capable of
823 appropriately sharing information with other criminal justice information systems by:
- 824 (i) developing and maintaining common data standards for use by all state criminal
825 justice agencies;
- 826 (ii) annually performing audits of criminal history record information maintained by
827 state criminal justice agencies to assess their accuracy, completeness, and
828 adherence to standards;
- 829 (iii) defining and developing state and local programs and projects associated with
830 the improvement of information management for law enforcement and the
831 administration of justice; and
- 832 (iv) establishing general policies concerning criminal and juvenile justice information
833 systems and making rules as necessary to carry out the duties under Subsection
834 (1)(k) and this Subsection (1)(m);
- 835 (n) allocate and administer grants, from money made available, for approved education
836 programs to help prevent the sexual exploitation of children;
- 837 (o) allocate and administer grants for law enforcement operations and programs related
838 to reducing illegal drug activity and related criminal activity;
- 839 (p) request, receive, and evaluate data and recommendations collected and reported by
840 agencies and contractors related to policies recommended by the commission
841 regarding recidivism reduction, including the data described in Section 13-53-111
842 and Subsection [26B-5-102(2)(l)] 26B-5-102(2)(k);
- 843 (q) establish and administer a performance incentive grant program that allocates funds
844 appropriated by the Legislature to programs and practices implemented by counties
845 that reduce recidivism and reduce the number of offenders per capita who are

- 846 incarcerated;
- 847 (r) oversee or designate an entity to oversee the implementation of juvenile justice
848 reforms;
- 849 (s) make rules and administer the juvenile holding room standards and juvenile jail
850 standards to align with the Juvenile Justice and Delinquency Prevention Act
851 requirements pursuant to 42 U.S.C. Sec. 5633;
- 852 (t) allocate and administer grants, from money made available, for pilot qualifying
853 education programs;
- 854 (u) request, receive, and evaluate the aggregate data collected from prosecutorial
855 agencies and the Administrative Office of the Courts, in accordance with Sections
856 63M-7-216 and 78A-2-109.5;
- 857 (v) report annually to the Law Enforcement and Criminal Justice Interim Committee on
858 the progress made on each of the following goals of the Justice Reinvestment
859 Initiative:
- 860 (i) ensuring oversight and accountability;
- 861 (ii) supporting local corrections systems;
- 862 (iii) improving and expanding reentry and treatment services; and
- 863 (iv) strengthening probation and parole supervision;
- 864 (w) compile a report of findings based on the data and recommendations provided under
865 Section 13-53-111 [~~and Subsection 26B-5-102(2)(n) that:~~]
866 [~~(i) that~~] that separates the data provided under Section 13-53-111 by each residential,
867 vocational and life skills program[~~; and~~] ;
868 [~~(ii) separates the data provided under Subsection 26B-5-102(2)(n) by each mental~~
869 ~~health or substance use treatment program;~~]
- 870 (x) publish the report described in Subsection (1)(w) on the commission's website and
871 annually provide the report to the Judiciary Interim Committee, the Health and
872 Human Services Interim Committee, the Law Enforcement and Criminal Justice
873 Interim Committee, and the related appropriations subcommittees;
- 874 (y) receive, compile, and publish on the commission's website the data provided under:
875 (i) Section 53-25-202;
876 (ii) Section 53-25-301; and
877 (iii) Section 53-25-401;
- 878 (z) review, research, advise, and make recommendations to the three branches of
879 government regarding evidence-based sex offense management policies and

- 880 practices, including supervision standards, treatment standards, and the sex offender
881 registry;
- 882 (aa) receive and evaluate a referral from the Department of Public Safety received under
883 Section 53-21-104.3 involving a denial of mental health resources to an eligible
884 individual, including, if appropriate in the commission's discretion, deny the relevant
885 entity from receiving any grant of state funds under Section 63M-7-218 for a
886 specified period of time; and
- 887 (bb) accept public comment.
- 888 (2)(a) The commission may designate an entity to perform the duties described in this
889 part.
- 890 (b) If the commission designates an entity under Subsection (2)(a), the commission shall
891 ensure that the membership of the designated entity includes representation from
892 relevant stakeholder groups from the parts of the justice system implicated in the
893 policy area.
- 894 (3) ~~[in]~~ In fulfilling the commission's duties under Subsection (1), the commission may seek
895 input and request assistance from groups with knowledge and expertise in criminal
896 justice, including other boards and commissions affiliated or housed within the
897 commission.
- 898 Section 11. **Effective Date.**
899 This bill takes effect on May 7, 2025.