# Cheryl K. Acton proposes the following substitute bill:

# Health and Human Services Amendments

## 2025 GENERAL SESSION

STATE OF UTAH

## **Chief Sponsor: Cheryl K. Acton**

Senate Sponsor:

LO	NG TITLE
Ge	neral Description:
	This bill amends provisions related to the Department of Health and Human Services.
Hig	phlighted Provisions:
	This bill:
	<ul> <li>defines terms;</li> </ul>
	<ul> <li>repeals outdated language;</li> </ul>
	<ul> <li>updates code references;</li> </ul>
	<ul> <li>provides that the Department of Health and Human Services (department) may examine</li> </ul>
and	audit the expenditures of public funds provided to a local health department;
	<ul> <li>addresses the required qualifications for the department's executive director and deputy</li> </ul>
dire	ectors;
	<ul> <li>updates the name of a division and an office within the department;</li> </ul>
	<ul> <li>provides that the executive director of the department may create committees within the</li> </ul>
dep	artment, subject to certain conditions and requirements;
	• authorizes the department to access certain records of individuals licensed or certified by
the	Division of Professional Licensing for specific purposes;
	<ul> <li>adds additional items to the list of duties of the department;</li> </ul>
	• updates language to be consistent with the transfer of certain emergency medical services
resp	ponsibilities from the department to the Department of Public Safety;
	<ul> <li>addresses the administration of stock albuterol by a qualified adult;</li> </ul>
	<ul> <li>updates references from "targeted case management" to "case managers";</li> </ul>
	<ul> <li>provides that the Division of Services for People with Disabilities must determine the</li> </ul>
mo	st appropriate, least restrictive setting for an individual with an intellectual disability
wit	hin the division's system;

28 • amends provisions regarding fetal death certificates and certificates of early term stillbirth;

29	<ul> <li>updates code references to reflect the current name of the Office of Substance Use and</li> </ul>
30	Mental Health within the department;
31	<ul> <li>requires the Office of Recovery Services to review child support guidelines and submit a</li> </ul>
32	summary of the review to the Judiciary Interim Committee; and
33	<ul> <li>makes technical and conforming changes.</li> </ul>
34	Money Appropriated in this Bill:
35	None
36	Other Special Clauses:
37	None
38	Utah Code Sections Affected:
39	AMENDS:
40	26B-1-201, as last amended by Laws of Utah 2022, Chapter 255
41	26B-1-202, as last amended by Laws of Utah 2024, Chapter 506
42	26B-1-203, as renumbered and amended by Laws of Utah 2022, Chapter 255
43	26B-1-204, as last amended by Laws of Utah 2024, Chapters 240, 404 and 506
44	26B-1-211, as renumbered and amended by Laws of Utah 2022, Chapter 255
45	26B-1-213, as renumbered and amended by Laws of Utah 2022, Chapter 255
46	26B-1-216, as last amended by Laws of Utah 2024, Chapter 106
47	26B-1-219, as last amended by Laws of Utah 2024, Chapter 178
48	26B-1-235, as renumbered and amended by Laws of Utah 2023, Chapter 305
49	26B-1-334, as enacted by Laws of Utah 2023, Chapter 325
50	26B-3-804, as renumbered and amended by Laws of Utah 2023, Chapter 306
51	26B-4-301, as last amended by Laws of Utah 2024, Chapter 261
52	26B-4-406, as renumbered and amended by Laws of Utah 2023, Chapter 307
53	26B-4-409, as last amended by Laws of Utah 2024, Chapter 311
54	26B-4-501, as last amended by Laws of Utah 2024, Chapter 257
55	26B-5-101, as last amended by Laws of Utah 2024, Chapters 240, 420
56	26B-5-102, as last amended by Laws of Utah 2024, Chapters 250, 420
57	26B-5-315, as renumbered and amended by Laws of Utah 2023, Chapter 308
58	26B-5-319, as renumbered and amended by Laws of Utah 2023, Chapter 308
59	26B-5-331, as last amended by Laws of Utah 2024, Chapter 299
60	26B-5-609, as last amended by Laws of Utah 2024, Third Special Session, Chapter 5
61	26B-6-210, as last amended by Laws of Utah 2024, Chapter 147
62	26B-6-602, as renumbered and amended by Laws of Utah 2023, Chapter 308

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63	26B-7-301, as last amended by Laws of Utah 2024, Chapters 152, 283
64	26B-8-115, as last amended by Laws of Utah 2024, Chapters 113, 295
65	26B-8-118, as last amended by Laws of Utah 2024, Chapter 113
66	26B-9-104, as last amended by Laws of Utah 2024, Chapter 366
67	53-22-102, as last amended by Laws of Utah 2024, Chapter 21
68	53-22-104.2, as enacted by Laws of Utah 2024, Chapter 21
69	53-22-105, as enacted by Laws of Utah 2024, Chapter 21
70	53G-8-701.6, as enacted by Laws of Utah 2024, Chapter 21
71	63I-1-281, as enacted by Laws of Utah 2024, Chapter 366
72	80-2-709, as renumbered and amended by Laws of Utah 2022, Chapter 334
73	REPEALS:
74	26B-7-102, as renumbered and amended by Laws of Utah 2023, Chapter 308
75	
76	Be it enacted by the Legislature of the state of Utah:
77	Section 1. Section <b>26B-1-201</b> is amended to read:
78	26B-1-201 . Department of Health and Human Services Creation Duties.
79	(1) There is created within state government the Department of Health and Human
80	Services, which has all of the policymaking functions, regulatory and enforcement
81	powers, rights, duties, and responsibilities outlined in this title and previously vested in
82	the Department of Health and the Department of Human Services.
83	(2) Subject to the limitation and grants of authority in state law, the department shall serve
84	as the health, health planning, medical assistance, and social services authority of the
85	state, and for administration of federally assisted state programs or plans is designated as
86	the sole state agency for:
87	(a) social service block grants;
88	(b) alcohol, drug, and mental health programs, including block grants;
89	(c) child welfare;
90	(d) state programs supported under the Older Americans Act, 42 U.S.C. Sec. 3001, et
91	seq.;
92	(e) public health;
93	(f) health planning;
94	(g) maternal and child health;
95	(h) services for individuals with a disability; and
96	(i) medical assistance.

- 97 (3) A state plan or program administered by the department: (a) shall be developed in the appropriate divisions or offices of the department in 98 99 accordance with applicable requirements of state and federal law; and 100 (b) may be amended by the executive director to achieve coordination, efficiency, or 101 economy. 102 (4) In addition to Subsection (1), from July 1, 2022, through June 30, 2023, the 103 Department of Health and Human Services shall exercise the policymaking functions, 104 regulatory and enforcement powers, rights, duties, and responsibilities of the 105 Department of Health and the Department of Human Services under:] 106 [(a) Title 26, Utah Health Code; and] 107 [(b) Title 62A, Utah Human Services Code.] 108 Section 2. Section 26B-1-202 is amended to read: 109 26B-1-202. Department authority and duties. 110 (1) As used in this section, "public funds" means the same as that term is defined in Section 111 26B-5-101. 112 (2) The department may, subject to applicable restrictions in state law and in addition 113 to all other authority and responsibility granted to the department by law: 114 [(1)] (a) adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative 115 Rulemaking Act, and not inconsistent with law, as the department may consider 116 necessary or desirable for providing health and social services to the people of this 117 state:  $\left[\frac{2}{2}\right]$  (b) establish and manage client trust accounts in the department's institutions and 118 119 community programs, at the request of the client or the client's legal guardian or 120 representative, or in accordance with federal law; 121  $\left[\frac{3}{3}\right]$  (c) purchase, as authorized or required by law, services that the department is 122 responsible to provide for legally eligible persons; 123  $\left[\frac{4}{4}\right]$  (d) conduct adjudicative proceedings for clients and providers in accordance with 124 the procedures of Title 63G, Chapter 4, Administrative Procedures Act; 125  $\left[\frac{(5)}{(5)}\right]$  (e) establish eligibility standards for the department's programs, not inconsistent 126 with state or federal law or regulations; 127 [(6)] (f) take necessary steps, including legal action, to recover money or the monetary 128 value of services provided to a recipient who was not eligible; 129  $\left[\frac{7}{2}\right]$  (g) set and collect fees for the department's services:
- 130 [(8)] (h) license agencies, facilities, and programs, except as otherwise allowed,

131	prohibited, or limited by law;
132	[(9)] (i) acquire, manage, and dispose of any real or personal property needed or owned
133	by the department, not inconsistent with state law;
134	[(10)] (j) receive gifts, grants, devises, and donations; gifts, grants, devises, donations, or
135	the proceeds thereof, may be credited to the program designated by the donor, and
136	may be used for the purposes requested by the donor, as long as the request conforms
137	to state and federal policy; all donated funds shall be considered private, nonlapsing
138	funds and may be invested under guidelines established by the state treasurer;
139	[(11)] (k) accept and employ volunteer labor or services; the department is authorized to
140	reimburse volunteers for necessary expenses, when the department considers that
141	reimbursement to be appropriate;
142	[(12)] (1) carry out the responsibility assigned in the workforce services plan by the State
143	Workforce Development Board;
144	[(13)] (m) carry out the responsibility assigned by Section 26B-1-430 with respect to
145	coordination of services for students with a disability;
146	[(14)] (n) provide training and educational opportunities for the department's staff;
147	[(15)] (o) collect child support payments and any other money due to the department;
148	[(16)] (p) apply the provisions of Title 81, Chapter 6, Child Support, to parents whose
149	child lives out of the home in a department licensed or certified setting;
150	[(17)] (q) establish policy and procedures, within appropriations authorized by the
151	Legislature, in cases where the Division of Child and Family Services or the Division
152	of Juvenile Justice and Youth Services is given custody of a minor by the juvenile
153	court under Title 80, Utah Juvenile Code, or the department is ordered to prepare an
154	attainment plan for a minor found not competent to proceed under Section 80-6-403,
155	including:
156	[(a)] (i) designation of interagency teams for each juvenile court district in the state;
157	[(b)] (ii) delineation of assessment criteria and procedures;
158	[(c)] (iii) minimum requirements, and timeframes, for the development and
159	implementation of a collaborative service plan for each minor placed in
160	department custody; and
161	[(d)] (iv) provisions for submittal of the plan and periodic progress reports to the court;
162	[(18)] ( <u>r</u> ) carry out the responsibilities assigned to the department by statute;
163	[(19)] (s) as further provided in Subsection (3), examine and audit the expenditures of
164	any public funds provided to a local health department, a local substance abuse

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165	authority, a local mental health authority, a local area agency on aging, and any
166	person, agency, or organization that contracts with or receives funds from those
167	authorities or agencies[. Those local authorities, area agencies, and any person or
168	entity that contracts with or receives funds from those authorities or area agencies,
169	shall provide the department with any information the department considers
170	necessary. The department is further authorized to issue directives resulting from any
171	examination or audit to a local authority, an area agency, and persons or entities that
172	contract with or receive funds from those authorities with regard to any public funds.
173	If the department determines that it is necessary to withhold funds from a local
174	mental health authority or local substance abuse authority based on failure to comply
175	with state or federal law, policy, or contract provisions, the department may take
176	steps necessary to ensure continuity of services. For purposes of this Subsection (19)
177	"public funds" means the same as that term is defined in Section 26B-5-101];
178	[(20)] (t) in accordance with Subsection 26B-2-104(1)(d), accredit one or more agencies
179	and persons to provide intercountry adoption services;
180	[(21)] (u) within legislative appropriations, promote and develop a system of care and
181	stabilization services:
182	[(a)] (i) in compliance with Title 63G, Chapter 6a, Utah Procurement Code; and
183	[(b)] (ii) that encompasses the department, department contractors, and the divisions,
184	offices, or institutions within the department, to:
185	[(i)] (A) navigate services, funding resources, and relationships to the benefit of
186	the children and families whom the department serves;
187	[(ii)] (B) centralize department operations, including procurement and contracting;
188	[(iii)] (C) develop policies that govern business operations and that facilitate a
189	system of care approach to service delivery;
190	[(iv)] (D) allocate resources that may be used for the children and families served
191	by the department or the divisions, offices, or institutions within the
192	department, subject to the restrictions in Section 63J-1-206;
193	[(v)] (E) create performance-based measures for the provision of services; and
194	[(vi)] (F) centralize other business operations, including data matching and sharing
195	among the department's divisions, offices, and institutions;
196	[(22)] (v) ensure that any training or certification required of a public official or public
197	employee, as those terms are defined in Section 63G-22-102, complies with Title
198	63G, Chapter 22, State Training and Certification Requirements, if the training or

199	certification is required:
200	[ <del>(a)</del> ] <u>(i)</u> under this title;
201	[(b)] (ii) by the department; or
202	[(c)] (iii) by an agency or division within the department;
203	[(23)] (w) enter into cooperative agreements with the Department of Environmental
204	Quality to delineate specific responsibilities to assure that assessment and
205	management of risk to human health from the environment are properly administered;
206	[(24)] (x) consult with the Department of Environmental Quality and enter into
207	cooperative agreements, as needed, to ensure efficient use of resources and effective
208	response to potential health and safety threats from the environment, and to prevent
209	gaps in protection from potential risks from the environment to specific individuals
210	or population groups;
211	[(25)] (y) to the extent authorized under state law or required by federal law, promote and
212	protect the health and wellness of the people within the state;
213	[(26)] (z) establish, maintain, and enforce rules authorized under state law or required by
214	federal law to promote and protect the public health or to prevent disease and illness;
215	[(27)] (aa) investigate the causes of epidemic, infectious, communicable, and other
216	diseases affecting the public health;
217	[(28)] (bb) provide for the detection and reporting of communicable, infectious, acute,
218	chronic, or any other disease or health hazard which the department considers to be
219	dangerous, important, or likely to affect the public health;
220	[(29)] (cc) collect and report information on causes of injury, sickness, death, and
221	disability and the risk factors that contribute to the causes of injury, sickness, death,
222	and disability within the state;
223	[(30)] (dd) collect, prepare, publish, and disseminate information to inform the public
224	concerning the health and wellness of the population, specific hazards, and risks that
225	may affect the health and wellness of the population and specific activities which
226	may promote and protect the health and wellness of the population;
227	[(31)] (ee) abate nuisances when necessary to eliminate sources of filth and infectious
228	and communicable diseases affecting the public health;
229	[(32)] (ff) make necessary sanitary and health investigations and inspections in
230	cooperation with local health departments as to any matters affecting the public
231	health;
232	[(33)] (gg) establish laboratory services necessary to support public health programs and

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- 233 medical services in the state;
- [(34)] (hh) establish and enforce standards for laboratory services which are provided by
   any laboratory in the state when the purpose of the services is to protect the public
   health:
- [(35)] (ii) cooperate with the Labor Commission to conduct studies of occupational
   health hazards and occupational diseases arising in and out of employment in
   industry, and make recommendations for elimination or reduction of the hazards;
- [(36)] (jj) cooperate with the local health departments, the Department of Corrections,
  the Administrative Office of the Courts, the Division of Juvenile Justice and Youth
  Services, and the Utah Office for Victims of Crime to conduct testing for HIV
  infection of alleged sexual offenders, convicted sexual offenders, and any victims of
  a sexual offense;

245 [(37)] (kk) investigate the causes of maternal and infant mortality;

[(38)] (11) establish, maintain, and enforce a procedure requiring the blood of adult
pedestrians and drivers of motor vehicles killed in highway accidents be examined
for the presence and concentration of alcohol, and provide the Commissioner of
Public Safety with monthly statistics reflecting the results of these examinations, with
necessary safeguards so that information derived from the examinations is not used
for a purpose other than the compilation of these statistics;

252 [(39)] (mm) establish qualifications for individuals permitted to draw blood under

253 Subsection 41-6a-523(1)(a)(vi), 53-10-405(2)(a)(vi), 72-10-502(5)(a)(vi), or

- 254 77-23-213(3)(a)(vi), and to issue permits to individuals the department finds
  255 qualified, which permits may be terminated or revoked by the department;
- [(40)] (nn) establish a uniform public health program throughout the state which includes
   continuous service, employment of qualified employees, and a basic program of
   disease control, vital and health statistics, sanitation, public health nursing, and other
- 259 preventive health programs necessary or desirable for the protection of public health;
- 260 [(41)] (<u>oo</u>) conduct health planning for the state;
- 261 [(42)] (pp) monitor the costs of health care in the state and foster price competition in the
   262 health care delivery system;
- [(43)] (qq) establish methods or measures for health care providers, public health entities,
   and health care insurers to coordinate among themselves to verify the identity of the
   individuals the providers serve;
- 266 [(44)] (rr) designate Alzheimer's disease and related dementia as a public health issue

267	and, within budgetary limitations, implement a state plan for Alzheimer's disease and
268	related dementia by incorporating the plan into the department's strategic planning
269	and budgetary process;
270	[(45)] (ss) coordinate with other state agencies and other organizations to implement the
271	state plan for Alzheimer's disease and related dementia;
272	$\left[\frac{46}{100}\right]$ (tt) ensure that any training or certification required of a public official or public
273	employee, as those terms are defined in Section 63G-22-102, complies with Title
274	63G, Chapter 22, State Training and Certification Requirements, if the training or
275	certification is required by the agency or under this Title 26B, Utah Health and
276	Human Services Code;
277	[(47)] (uu) oversee public education vision screening as described in Section 53G-9-404;
278	[(48)] (vv) issue code blue alerts in accordance with Title 35A, Chapter 16, Part 7, Code
279	Blue Alert; and
280	[(49)] (ww) as allowed by state and federal law, share data with the Office of Families
281	that is relevant to the duties described in Subsection 26B-1-243(4), which may
282	include, to the extent available:
283	[(a)] (i) demographic data concerning family structures in the state; and
284	[(b)] (ii) data regarding the family structure associated with:
285	[(i)] (A) suicide, depression, or anxiety; and
286	[(ii)] (B) various health outcomes.
287	(3)(a) Under Subsection (2)(s), those local departments, local authorities, area agencies,
288	and any person or entity that contracts with or receives funds from those departments,
289	authorities, or area agencies, shall provide the department with any information the
290	department considers necessary.
291	(b) The department is further authorized to issue directives resulting from any
292	examination or audit to a local department, local authority, an area agency, and
293	persons or entities that contract with or receive funds from those departments,
294	authorities, or agencies with regard to any public funds.
295	(c) If the department determines that it is necessary to withhold funds from a local health
296	department, local mental health authority, or local substance abuse authority based on
297	failure to comply with state or federal law, policy, or contract provisions, the
298	department may take steps necessary to ensure continuity of services.
299	Section 3. Section 26B-1-203 is amended to read:
300	26B-1-203 . Executive director Appointment Compensation Qualifications

301	Deputy directors required Responsibilities.
302	(1)(a) The chief administrative officer of the department is the executive director, who
303	shall be appointed by the governor with the advice and consent of the Senate.
304	(b) The executive director may be removed at the will of the governor.
305	(c) The executive director shall receive a salary established by the governor within the
306	salary range fixed by the Legislature in Title 67, Chapter 22, State Officer
307	Compensation.
308	(2) The executive director shall be experienced in administration, management, and
309	coordination of complex organizations.
310	(3) [If the executive director is not a physician, the] The executive director or a deputy
311	director shall:
312	(a) be informed and experienced in public health;
313	(b) have successfully completed at least a master's degree of public health or public
314	administration from an accredited school of public health or from an accredited
315	program of public health or public administration; and
316	(c)(i) have at least five years of professional full-time experience, of which at least
317	two years have been in public health in a senior level administrative capacity; or
318	(ii) have at least five years of professional full-time experience in public health
319	programs, of which at least three years have been in a senior level administrative
320	capacity.
321	(4) [The] If the executive director is not a physician, the executive director shall appoint a
322	deputy director of the department who[:]
323	[(a) shall have successfully completed at least one year's graduate work in an accredited
324	school of public health or an accredited program of public health;]
325	[(b) shall have at least five years of professional full-time experience in public health
326	programs; and]
327	$[(c)]$ _is a physician licensed to practice medicine in the state with experience in public
328	health.
329	(5) The executive director is responsible for:
330	(a) administration and supervision of the department;
331	(b) coordination of policies and program activities conducted through the boards,
332	divisions, and offices of the department;
333	(c) approval of the proposed budget of each board, division, and office within the
334	department; and

335	(d) other duties as the Legislature or governor shall assign to the executive director.
336	(6) The executive director may appoint deputy or assistant directors to assist the executive
337	director in carrying out the department's responsibilities.
338	Section 4. Section <b>26B-1-204</b> is amended to read:
339	26B-1-204 . Creation of boards, divisions, and offices Power to establish
340	committees.
341	(1) The executive director shall make rules in accordance with Title 63G, Chapter 3, Utah
342	Administrative Rulemaking Act, and not inconsistent with law for:
343	(a) the administration and government of the department;
344	(b) the conduct of the department's employees; and
345	(c) the custody, use, and preservation of the records, papers, books, documents, and
346	property of the department.
347	(2) The following policymaking boards, councils, and committees are created within the
348	Department of Health and Human Services:
349	(a) Board of Aging and Adult Services;
350	(b) Utah State Developmental Center Board;
351	(c) Health Facility Committee;
352	(d) Health Data Committee;
353	(e) Child Care Provider Licensing Committee;
354	(f) Adult Autism Treatment Program Advisory Committee;
355	(g) Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee; and
356	(h) any boards, councils, or committees that are created by statute in this title.
357	(3) The following divisions and offices are created within the Department of Health and
358	Human Services:
359	(a) relating to operations:
360	(i) the Division of Finance and Administration;
361	(ii) the Division of Licensing and Background Checks;
362	(iii) the Division of Customer Experience;
363	(iv) the Division of Data, Systems, and Evaluation; and
364	(v) the Division of Continuous Quality and Improvement;
365	(b) relating to healthcare administration:
366	(i) the Division of Integrated Healthcare, which shall include responsibility for:
367	(A) the state's medical assistance programs; and
368	(B) behavioral health programs described in Chapter 5, Health Care - Substance

369	Use and Mental Health;
370	(ii) the Division of Aging and Adult Services; and
371	(iii) the Division of Services for People with Disabilities;
372	(c) relating to community health and well-being:
373	(i) the Division of Child and Family Services;
374	(ii) the Division of Family Health;
375	(iii) the Division of Population Health;
376	(iv) the Division of Juvenile Justice and Youth Services;
377	(v) the Office of Families; and
378	(vi) the Office of Recovery Services; and
379	(d) relating to clinical services[, the Division of Health Access.]:
380	(i) the Division of Correctional Health Services; and
381	(ii) the Office of the Medical Examiner.
382	(4)(a) The executive director may:
383	(i) establish offices to facilitate management of the department as required by, and in
384	accordance with this title[-] ; or
385	(ii) establish one or more committees within the department if each established
386	committee is:
387	(A) essential to the operation of the department; or
388	(B) required to review or discuss protected health information or other similarly
389	sensitive materials to accomplish the committee's responsibilities.
390	(b) If the executive director creates a committee under Subsection $(4)(a)(ii)$ , within six
391	months after the executive director creates the committee, the executive director shall
392	notify the Health and Human Services Interim Committee, in writing, of:
393	(i) the creation of the committee;
394	(ii) the committee's responsibilities; and
395	(iii) the membership of the committee.
396	(c) The executive director shall provide a report to the Health and Human Services
397	Interim Committee on or before August 1 each year that describes each ongoing,
398	operational committee created by the executive director under Subsection (4)(a)(ii).
399	[(5) From July 1, 2022, through June 30, 2023, the executive director may adjust the
400	organizational structure relating to the department, including the organization of the
401	department's divisions and offices, notwithstanding the organizational structure
402	described in this title.]

403	Section 5. Section <b>26B-1-211</b> is amended to read:
404	26B-1-211 . Background checks for employees Access to abuse and neglect
405	information to screen employees and volunteers.
406	(1) As used in this section, "bureau" means the Bureau of Criminal Identification created in
407	Section 53-10-201.
408	(2) Beginning July 1, 2018, the department may require a fingerprint-based local, regional,
409	and national criminal history background check and ongoing monitoring of:
410	(a) all staff, contracted employees, and volunteers who:
411	(i) have access to protected health information or personal identifying information;
412	(ii) have direct access to patients, children, or vulnerable adults as defined in Section
413	26B-2-101;
414	(iii) work in areas of privacy and data security;
415	(iv) handle financial information, including receipt of funds, reviewing invoices,
416	making payments, and other types of financial information; and
417	(v) perform audit functions, whether internal or external, on behalf of the department;
418	and
419	(b) job applicants who have been offered a position with the department and the job
420	requirements include those described in Subsection (2)(a).
421	(3) Beginning July 1, 2022, for the purposes described in Subsection (2), the department
422	may also access:
423	(a) the department's Management Information System created in Section 80-2-1001;
424	(b) the department's Licensing Information System created in Section 80-2-1002;
425	(c) the statewide database of the Division of Aging and Adult Services created by
426	Section 26B-6-210;[-and]
427	(d) juvenile court records under Subsection 80-3-404(4)[-] ; and
428	(e) licensing and certification records of individuals licensed or certified by the Division
429	of Professional Licensing under Title 58, Occupations and Professions.
430	(4) Each individual in a position listed in Subsection (2) shall provide a completed
431	fingerprint card to the department upon request.
432	(5) The department shall require that an individual required to submit to a background
433	check under Subsection (4) provide a signed waiver on a form provided by the
434	department that meets the requirements of Subsection 53-10-108(4).
435	(6) For a noncriminal justice background search and registration in accordance with
436	Subsection 53-10-108(13), the department shall submit to the bureau:

437	(a) the applicant's personal identifying information and fingerprints for a criminal
438	history search of applicable local, regional, and national databases; and
439	(b) a request for all information received as a result of the local, regional, and
440	nationwide background check.
441	(7) The department is responsible for the payment of all fees required by Subsection
442	53-10-108(15) and any fees required to be submitted to the Federal Bureau of
443	Investigation by the bureau.
444	(8) The department may make rules in accordance with Title 63G, Chapter 3, Utah
445	Administrative Rulemaking Act, that:
446	(a) determine how the department will assess the employment status of an individual
447	upon receipt of background information;
448	(b) determine when an individual would be disqualified from holding a position based
449	on:
450	(i) the type of crimes and the severity of those crimes; or
451	(ii) one or more substantiated or supported findings of abuse, neglect, or exploitation;
452	and
453	(c) identify the appropriate privacy risk mitigation strategy to be used in accordance
454	with Subsection 53-10-108(13)(b).
455	Section 6. Section <b>26B-1-213</b> is amended to read:
456	26B-1-213 . Department and committee rules and proceedings.
457	(1)(a) Except in areas [-]subject to concurrence between the department and a committee
458	created under this title[ , Title 26, Utah Health Code, or Title 62A, Utah Human
459	Services Code], the department shall have the power to adopt, amend, or rescind
460	rules necessary to carry out the provisions of this title.
461	(b) If the adoption of rules under a provision of this title is subject to concurrence
462	between the department and a committee created under this title and no concurrence
463	can be reached, the department has final authority to adopt, amend, or rescind rules
464	necessary to carry out the provisions of this title.
465	(c) When the provisions of this title require concurrence between the department and a
466	committee created under this title:
467	(i) the department shall report to and update the committee on a regular basis related
468	to matters requiring concurrence; and
469	(ii) the committee shall review the report submitted by the department under this
470	Subsection (1)(c) and shall:

471	(A) concur with the report; or
472	(B) provide a reason for not concurring with the report and provide an alternative
473	recommendation to the department.
474	(2) Rules shall have the force and effect of law and may deal with matters which materially
475	affect the security of health or the preservation and improvement of public health in the
476	state, and any matters as to which jurisdiction is conferred upon the department by this
477	title.
478	(3) Every rule adopted by the department, or by the concurrence of the department and a
479	committee established under Section 26B-1-204, is subject to Title 63G, Chapter 3, Utah
480	Administrative Rulemaking Act, and is effective at the time and in the manner provided
481	in that act.
482	(4) If, at the next general session of the Legislature following the filing of a rule with the
483	legislative research director, the Legislature passes a bill disapproving such rule, the rule
484	shall be null and void.
485	(5) The department, or the department in concurrence with a committee created under
486	Section 26B-1-204, may not adopt a rule identical to a rule disapproved under
487	Subsection (4) of this section before the beginning of the next general session of the
488	Legislature following the general session at which the rule was disapproved.
489	(6) The department and all committees, boards, divisions, and offices created under this title[ <del>,</del>
490	Title 26, Utah Health Code, or Title 62A, Utah Human Services Code,] shall comply
491	with the procedures and requirements of Title 63G, Chapter 4, Administrative
492	Procedures Act, in any adjudicative proceedings.
493	(7)(a) The department may hold hearings, administer oaths, subpoena witnesses, and
494	take testimony in matters relating to the exercise and performance of the powers and
495	duties vested in or imposed upon the department.
496	(b) The department may, at the department's sole discretion, contract with any other
497	agency or department of the state to conduct hearings in the name of the department.
498	Section 7. Section <b>26B-1-216</b> is amended to read:
499	26B-1-216 . Powers and duties of the department Quality and design.
500	The department shall:
501	(1) monitor and evaluate the quality of services provided by the department including:
502	(a) in accordance with Part 5, Fatality Review, monitoring, reviewing, and making
503	recommendations relating to a fatality review;
504	(b) overseeing the duties of the child protection ombudsman appointed under Section

505	80-2-1104; and
506	(c) conducting internal evaluations of the quality of services provided by the department
507	and service providers contracted with the department;
508	(2) conduct investigations described in Section 80-2-703;
509	(3) develop an integrated human services system and implement a system of care by:
510	(a) designing and implementing a comprehensive continuum of services for individuals
511	who receive services from the department or a service provider contracted with the
512	department;
513	(b) establishing and maintaining department contracts with public and private service
514	providers;
515	(c) establishing standards for the use of service providers who contract with the
516	department;
517	(d) coordinating a service provider network to be used within the department to ensure
518	individuals receive the appropriate type of services;
519	(e) centralizing the department's administrative operations; and
520	(f) integrating, analyzing, and applying department-wide data and research to monitor
521	the quality, effectiveness, and outcomes of services provided by the department;[-and]
522	(4)(a) coordinate with the Driver License Division, the Department of Public Safety, and
523	any other law enforcement agency to test and provide results of blood or urine
524	samples submitted to the department as part of an investigation for a driving offense
525	that may have occurred and there is reason to believe the individual's blood or urine
526	may contain:
527	(i) alcohol; or
528	(ii) other drugs or substances that the department reasonably determines could impair
529	an individual or that is illegal for the individual to possess or consume; and
530	(b) ensure that the results of the test described in Subsection (4)(a) are provided through
531	a secure medium and in a timely manner[-] :
532	(5) use available data to structure programs and activities to ensure populations have access
533	to health and wellness education, information, resources, and services;
534	(6) efficiently use funding and resources to promote health and safety; and
535	(7) include an understanding of the impacted populations and supporting data in staff
536	training.
537	Section 8. Section <b>26B-1-219</b> is amended to read:
538	26B-1-219 . Requirements for issuing, recommending, or facilitating rationing

539	criteria.
540	(1) As used in this section:
541	(a) "Health care resource" means:
542	(i) health care as defined in Section 78B-3-403;
543	(ii) a prescription drug as defined in Section 58-17b-102;
544	(iii) a prescription device as defined in Section 58-17b-102;
545	(iv) a nonprescription drug as defined in Section 58-17b-102; or
546	(v) any supply or treatment that is intended for use in the course of providing health
547	care as defined in Section 78B-3-403.
548	(b)(i) "Rationing criteria" means any requirement, guideline, process, or
549	recommendation regarding:
550	(A) the distribution of a scarce health care resource; or
551	(B) qualifications or criteria for a person to receive a scarce health care resource.
552	(ii) "Rationing criteria" includes crisis standards of care with respect to any health
553	care resource.
554	(c) "Scarce health care resource" means a health care resource:
555	(i) for which the need for the health care resource in the state or region significantly
556	exceeds the available supply of that health care resource in that state or region;
557	(ii) that, based on the circumstances described in Subsection (1)(c)(i), is distributed
558	or provided using written requirements, guidelines, processes, or
559	recommendations as a factor in the decision to distribute or provide the health care
560	resource; and
561	(iii) that the federal government has allocated to the state to distribute.
562	(2)(a) On or before July 1, 2022, the department shall make rules in accordance with
563	Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish a procedure
564	that the department will follow to adopt, modify, require, facilitate, or recommend
565	rationing criteria.
566	(b) Beginning July 1, 2022, the department may not adopt, modify, require, facilitate, or
567	recommend rationing criteria unless the department follows the procedure established
568	by the department under Subsection (2)(a).
569	(3) The procedures developed by the department under Subsection (2) shall include, at a
570	minimum:
571	(a) a requirement that the department notify the following individuals in writing before
572	rationing criteria are issued, are recommended, or take effect:

573	(i) the Rules Review and General Oversight Committee created in Section 36-35-102;
574	(ii) the governor or the governor's designee;
575	(iii) the president of the Senate or the president's designee;
576	(iv) the speaker of the House of Representatives or the speaker's designee;
577	(v) the executive director or the executive director's designee; and
578	(vi) if rationing criteria affect hospitals in the state, a representative of an association
579	representing hospitals throughout the state, as designated by the executive
580	director; and
581	(b) procedures for an emergency circumstance which shall include, at a minimum:
582	(i) a description of the circumstances under which emergency procedures described
583	in this Subsection (3)(b) may be used; and
584	(ii) a requirement that the department notify the individuals described in Subsections
585	(3)(a)(i) through (vi) as soon as practicable, but no later than 48 hours after the
586	rationing criteria take effect.
587	[(4)(a) Within 30 days after March 22, 2022, the department shall send to the Rules
588	Review and General Oversight Committee all rationing criteria that:]
589	[(i) were adopted, modified, required, facilitated, or recommended by the department
590	prior to March 22, 2022; and]
591	[(ii) on March 22, 2022, were in effect and in use to distribute or qualify a person to
592	receive scarce health care resources.]
593	[(b) During the 2022 interim, the Rules Review and General Oversight Committee shall,
594	under Subsection 36-35-102(3)(c), review each of the rationing criteria submitted by
595	the department under this Subsection (4).]
596	[(5)] (4) The requirements described in this section and rules made under this section shall
597	apply regardless of whether rationing criteria:
598	(a) have the force and effect of law, or is solely advisory, informative, or descriptive;
599	(b) are carried out or implemented directly or indirectly by the department or by other
600	individuals or entities; or
601	(c) are developed solely by the department or in collaboration with other individuals or
602	entities.
603	$\left[\frac{(6)}{(5)}\right]$ This section:
604	(a) may not be suspended under Section 53-2a-209 or any other provision of state law
605	relating to a state of emergency;
606	(b) does not limit a private entity from developing or implementing rationing criteria; and

607	(c) does not require the department to adopt, modify, require, facilitate, or recommend
608	rationing criteria that the department does not determine to be necessary or
609	appropriate.
610	[ <del>(7)</del> ] <u>(6)</u> Subsection (2) does not apply to rationing criteria that are adopted, modified,
611	required, facilitated, or recommended by the department:
612	(a) through the regular, non-emergency rulemaking procedure described in Section
613	(a) anolgi an regima, and emergency ratemaning procedure desences in section 63G-3-301;
614	(b) if the modification is solely to correct a technical error in rationing criteria such as
615	correcting obvious errors and inconsistencies including those involving punctuation,
616	capitalization, cross references, numbering, and wording;
617	(c) to the extent that compliance with this section would result in a direct violation of
618	federal law;
619	(d) that are necessary for administration of the Medicaid program;
620	(e) if state law explicitly authorizes the department to engage in rulemaking to establish
621	rationing criteria; or
622	(f) if rationing criteria are authorized directly through a general appropriation bill that is
623	validly enacted.
624	Section 9. Section <b>26B-1-235</b> is amended to read:
024	Section 9. Section 20D-1-255 is amended to read.
625	26B-1-235 . Request for proposal required for non-state supplied services.
625	26B-1-235 . Request for proposal required for non-state supplied services.
625 626	<b>26B-1-235</b> . Request for proposal required for non-state supplied services. [(1) As used in this section:]
625 626 627	26B-1-235 . Request for proposal required for non-state supplied services. [(1) As used in this section:] [(a) "AED" means the same as that term is defined in Section 26B-4-325.]
625 626 627 628	26B-1-235 . Request for proposal required for non-state supplied services. [(1) As used in this section:] [(a) "AED" means the same as that term is defined in Section 26B-4-325.] [(b) "Office" means the Office of Emergency Medical Services and Preparedness within
625 626 627 628 629	<ul> <li>26B-1-235 . Request for proposal required for non-state supplied services.</li> <li>[(1) As used in this section:]</li> <li>[(a) "AED" means the same as that term is defined in Section 26B-4-325.]</li> <li>[(b) "Office" means the Office of Emergency Medical Services and Preparedness within the department.]</li> </ul>
<ul> <li>625</li> <li>626</li> <li>627</li> <li>628</li> <li>629</li> <li>630</li> </ul>	<ul> <li>26B-1-235 . Request for proposal required for non-state supplied services.</li> <li>[(1) As used in this section:] <ul> <li>[(a) "AED" means the same as that term is defined in Section 26B-4-325.]</li> <li>[(b) "Office" means the Office of Emergency Medical Services and Preparedness within the department.]</li> <li>[(c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-325.]</li> </ul> </li> </ul>
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<ul> <li>625</li> <li>626</li> <li>627</li> <li>628</li> <li>629</li> <li>630</li> <li>631</li> <li>632</li> </ul>	<ul> <li>26B-1-235 . Request for proposal required for non-state supplied services.</li> <li>[(1) As used in this section:] <ul> <li>[(a) "AED" means the same as that term is defined in Section 26B-4-325.]</li> <li>[(b) "Office" means the Office of Emergency Medical Services and Preparedness within the department.]</li> <li>[(c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-325.]</li> </ul> </li> <li>[(2)] (1) Funds provided to the department through Sections 51-9-201 and 59-14-204 to be used to provide services, shall be awarded to non-governmental entities based on a</li> </ul>
<ul> <li>625</li> <li>626</li> <li>627</li> <li>628</li> <li>629</li> <li>630</li> <li>631</li> <li>632</li> <li>633</li> </ul>	<ul> <li>26B-1-235 . Request for proposal required for non-state supplied services.</li> <li>[(1) As used in this section:] <ul> <li>[(a) "AED" means the same as that term is defined in Section 26B-4-325.]</li> <li>[(b) "Office" means the Office of Emergency Medical Services and Preparedness within the department.]</li> <li>[(c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-325.]</li> </ul> </li> <li>[(-2)] (1) Funds provided to the department through Sections 51-9-201 and 59-14-204 to be used to provide services, shall be awarded to non-governmental entities based on a competitive process consistent with Title 63G, Chapter 6a, Utah Procurement Code.</li> </ul>
625 626 627 628 629 630 631 632 633 634	<ul> <li>26B-1-235 . Request for proposal required for non-state supplied services.</li> <li>[(1) As used in this section:] <ul> <li>[(a) "AED" means the same as that term is defined in Section 26B-4-325.]</li> <li>[(b) "Office" means the Office of Emergency Medical Services and Preparedness within the department.]</li> <li>[(c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-325.]</li> </ul> </li> <li>[(<del>2</del>)] (<u>1</u>) Funds provided to the department through Sections 51-9-201 and 59-14-204 to be used to provide services, shall be awarded to non-governmental entities based on a competitive process consistent with Title 63G, Chapter 6a, Utah Procurement Code.</li> <li>[(<del>3</del>)] (<u>2</u>) Beginning July 1, 2010, and not more than every five years thereafter, the</li> </ul>
<ul> <li>625</li> <li>626</li> <li>627</li> <li>628</li> <li>629</li> <li>630</li> <li>631</li> <li>632</li> <li>633</li> <li>634</li> <li>635</li> <li>636</li> <li>637</li> </ul>	<ul> <li>26B-1-235 . Request for proposal required for non-state supplied services.</li> <li>[(1) As used in this section:] <ul> <li>[(a) "AED" means the same as that term is defined in Section 26B-4-325.]</li> <li>[(b) "Office" means the Office of Emergency Medical Services and Preparedness within the department.]</li> <li>[(c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-325.]</li> </ul> </li> <li>[(2)] (1) Funds provided to the department through Sections 51-9-201 and 59-14-204 to be used to provide services, shall be awarded to non-governmental entities based on a competitive process consistent with Title 63G, Chapter 6a, Utah Procurement Code.</li> <li>[(3)] (2) Beginning July 1, 2010, and not more than every five years thereafter, the department shall issue requests for proposals for new or renewing contracts to award funding for programs under Subsection (1). Section 10. Section 26B-1-334 is amended to read:</li> </ul>
<ul> <li>625</li> <li>626</li> <li>627</li> <li>628</li> <li>629</li> <li>630</li> <li>631</li> <li>632</li> <li>633</li> <li>634</li> <li>635</li> <li>636</li> <li>637</li> <li>638</li> </ul>	<ul> <li>26B-1-235. Request for proposal required for non-state supplied services.</li> <li>[(+) As used in this section:] <ul> <li>[(a) "AED" means the same as that term is defined in Section 26B-4-325.]</li> <li>[(b) "Office" means the Office of Emergency Medical Services and Preparedness within the department.]</li> <li>[(c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-325.]</li> </ul> </li> <li>[(2)] (1) Funds provided to the department through Sections 51-9-201 and 59-14-204 to be used to provide services, shall be awarded to non-governmental entities based on a competitive process consistent with Title 63G, Chapter 6a, Utah Procurement Code.</li> <li>[(3)] (2) Beginning July 1, 2010, and not more than every five years thereafter, the department shall issue requests for proposals for new or renewing contracts to award funding for programs under Subsection (1). Section 10. Section 26B-1-334 is amended to read: 26B-1-334. Licensed Provider Assessment Fund Creation Deposits Uses.</li> </ul>
<ul> <li>625</li> <li>626</li> <li>627</li> <li>628</li> <li>629</li> <li>630</li> <li>631</li> <li>632</li> <li>633</li> <li>634</li> <li>635</li> <li>636</li> <li>637</li> </ul>	<ul> <li>26B-1-235 . Request for proposal required for non-state supplied services.</li> <li>[(1) As used in this section:] <ul> <li>[(a) "AED" means the same as that term is defined in Section 26B-4-325.]</li> <li>[(b) "Office" means the Office of Emergency Medical Services and Preparedness within the department.]</li> <li>[(c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-325.]</li> </ul> </li> <li>[(2)] (1) Funds provided to the department through Sections 51-9-201 and 59-14-204 to be used to provide services, shall be awarded to non-governmental entities based on a competitive process consistent with Title 63G, Chapter 6a, Utah Procurement Code.</li> <li>[(3)] (2) Beginning July 1, 2010, and not more than every five years thereafter, the department shall issue requests for proposals for new or renewing contracts to award funding for programs under Subsection (1). Section 10. Section 26B-1-334 is amended to read:</li> </ul>

641	(a) the assessments collected under, and any interest and penalties levied with the
642	administration of:
643	(i) [Title 26B, Chapter 2, Part 2, Health Care Facility Licensing and Inspection Act]
644	Chapter 2, Part 2, Health Care Facility Licensing and Inspection;
645	(ii) [Title 26B, Chapter 1, Part 4, Child Care Licensing] Chapter 2, Part 1, Human
646	Services Programs and Facilities; and
647	(iii) [Title 26B, Chapter 2, Part 1, Human Services Programs and Facilities] Chapter
648	2, Part 4, Child Care Licensing;
649	(b) money appropriated or otherwise made available by the Legislature; and
650	(c) any interest earned on the fund.
651	(2) Money in the fund may only be used by the department:
652	(a) for upgrades to and maintenance of licensing databases and applications;
653	(b) for training for providers and staff;
654	(c) to assist individuals during a facility shutdown; or
655	(d) for administrative expenses, if the administrative expenses for the fiscal year do not
656	exceed 3% of the money deposited into the fund during the fiscal year.
657	Section 11. Section 26B-3-804 is amended to read:
658	26B-3-804 . Medicaid ambulance service provider adjustment under
658 659	26B-3-804 . Medicaid ambulance service provider adjustment under fee-for-service rates.
659	fee-for-service rates.
659 660	fee-for-service rates. The division shall, if the assessment imposed by this part is approved by the Centers for
659 660 661	fee-for-service rates. The division shall, if the assessment imposed by this part is approved by the Centers for Medicare and Medicaid Services, for fee-for-service rates effective on or after July 1, 2015,
659 660 661 662	fee-for-service rates. The division shall, if the assessment imposed by this part is approved by the Centers for Medicare and Medicaid Services, for fee-for-service rates effective on or after July 1, 2015, reimburse an ambulance service provider in an amount up to the Emergency Medical Services
<ul><li>659</li><li>660</li><li>661</li><li>662</li><li>663</li></ul>	fee-for-service rates. The division shall, if the assessment imposed by this part is approved by the Centers for Medicare and Medicaid Services, for fee-for-service rates effective on or after July 1, 2015, reimburse an ambulance service provider in an amount up to the Emergency Medical Services Ambulance Rates adopted annually by the [department] Department of Public Safety.
<ul> <li>659</li> <li>660</li> <li>661</li> <li>662</li> <li>663</li> <li>664</li> </ul>	fee-for-service rates. The division shall, if the assessment imposed by this part is approved by the Centers for Medicare and Medicaid Services, for fee-for-service rates effective on or after July 1, 2015, reimburse an ambulance service provider in an amount up to the Emergency Medical Services Ambulance Rates adopted annually by the [department] Department of Public Safety. Section 12. Section 26B-4-301 is amended to read:
<ul> <li>659</li> <li>660</li> <li>661</li> <li>662</li> <li>663</li> <li>664</li> <li>665</li> </ul>	fee-for-service rates. The division shall, if the assessment imposed by this part is approved by the Centers for Medicare and Medicaid Services, for fee-for-service rates effective on or after July 1, 2015, reimburse an ambulance service provider in an amount up to the Emergency Medical Services Ambulance Rates adopted annually by the [department] Department of Public Safety. Section 12. Section 26B-4-301 is amended to read: 26B-4-301. Definitions.
<ul> <li>659</li> <li>660</li> <li>661</li> <li>662</li> <li>663</li> <li>664</li> <li>665</li> <li>666</li> </ul>	fee-for-service rates. The division shall, if the assessment imposed by this part is approved by the Centers for Medicare and Medicaid Services, for fee-for-service rates effective on or after July 1, 2015, reimburse an ambulance service provider in an amount up to the Emergency Medical Services Ambulance Rates adopted annually by the [department] Department of Public Safety. Section 12. Section 26B-4-301 is amended to read: 26B-4-301. Definitions. As used in this part:
<ul> <li>659</li> <li>660</li> <li>661</li> <li>662</li> <li>663</li> <li>664</li> <li>665</li> <li>666</li> <li>667</li> </ul>	fee-for-service rates. The division shall, if the assessment imposed by this part is approved by the Centers for Medicare and Medicaid Services, for fee-for-service rates effective on or after July 1, 2015, reimburse an ambulance service provider in an amount up to the Emergency Medical Services Ambulance Rates adopted annually by the [department] Department of Public Safety. Section 12. Section 26B-4-301 is amended to read: 26B-4-301. Definitions. As used in this part: (1) "Committee" means the Primary Care Grant Committee described in Section 26B-1-410.
659 660 661 662 663 664 665 666 667 668	fee-for-service rates. The division shall, if the assessment imposed by this part is approved by the Centers for Medicare and Medicaid Services, for fee-for-service rates effective on or after July 1, 2015, reimburse an ambulance service provider in an amount up to the Emergency Medical Services Ambulance Rates adopted annually by the [department] Department of Public Safety. Section 12. Section 26B-4-301 is amended to read: 26B-4-301 . Definitions. As used in this part: (1) "Committee" means the Primary Care Grant Committee described in Section 26B-1-410. (2) "Community based organization":
<ul> <li>659</li> <li>660</li> <li>661</li> <li>662</li> <li>663</li> <li>664</li> <li>665</li> <li>666</li> <li>667</li> <li>668</li> <li>669</li> </ul>	fee-for-service rates. The division shall, if the assessment imposed by this part is approved by the Centers for Medicare and Medicaid Services, for fee-for-service rates effective on or after July 1, 2015, reimburse an ambulance service provider in an amount up to the Emergency Medical Services Ambulance Rates adopted annually by the [department] Department of Public Safety. Section 12. Section 26B-4-301 is amended to read: 26B-4-301. Definitions. As used in this part: (1) "Committee" means the Primary Care Grant Committee described in Section 26B-1-410. (2) "Community based organization": <ul> <li>(a) means a private entity; and</li> </ul>
<ul> <li>659</li> <li>660</li> <li>661</li> <li>662</li> <li>663</li> <li>664</li> <li>665</li> <li>666</li> <li>667</li> <li>668</li> <li>669</li> <li>670</li> </ul>	fee-for-service rates. The division shall, if the assessment imposed by this part is approved by the Centers for Medicare and Medicaid Services, for fee-for-service rates effective on or after July 1, 2015, reimburse an ambulance service provider in an amount up to the Emergency Medical Services Ambulance Rates adopted annually by the [department] Department of Public Safety. Section 12. Section 26B-4-301 is amended to read: 26B-4-301. Definitions. As used in this part: (1) "Community based organization": <ul> <li>(a) means a private entity; and</li> <li>(b) includes for profit and not for profit entities.</li> </ul>
<ul> <li>659</li> <li>660</li> <li>661</li> <li>662</li> <li>663</li> <li>664</li> <li>665</li> <li>666</li> <li>667</li> <li>668</li> <li>669</li> <li>670</li> <li>671</li> </ul>	<ul> <li>fee-for-service rates.</li> <li>The division shall, if the assessment imposed by this part is approved by the Centers for Medicare and Medicaid Services, for fee-for-service rates effective on or after July 1, 2015, reimburse an ambulance service provider in an amount up to the Emergency Medical Services Ambulance Rates adopted annually by the [department] Department of Public Safety.</li> <li>Section 12. Section 26B-4-301 is amended to read: 26B-4-301. Definitions.</li> <li>As used in this part:</li> <li>(1) "Committee" means the Primary Care Grant Committee described in Section 26B-1-410.</li> <li>(2) "Community based organization": <ul> <li>(a) means a private entity; and</li> <li>(b) includes for profit and not for profit entities.</li> </ul> </li> <li>(3) "Cultural competence" means a set of congruent behaviors, attitudes, and policies that</li> </ul>

675	defined in Section 63H-7a-103, that is designated as an emergency medical dispatch
676	center by the office.]
677	[(5)] (4) "Health literacy" means the degree to which an individual has the capacity to
678	obtain, process, and understand health information and services needed to make
679	appropriate health decisions.
680	[(6)] (5) "Institutional capacity" means the ability of a community based organization to
681	implement public and private contracts.
682	[(7)] (6) "Medically underserved population" means the population of an urban or rural area
683	or a population group that the committee determines has a shortage of primary health
684	care.
685	[(8) "Office" means the Office of Emergency Medical Services and Preparedness within the
686	department.]
687	[(9)] (7) "Pregnancy support services" means services that:
688	(a) encourage childbirth instead of voluntary termination of pregnancy; and
689	(b) assist pregnant women, or women who may become pregnant, to choose childbirth
690	whether they intend to parent or select adoption for the child.
691	[(10)] (8) "Primary care grant" means a grant awarded by the department under Subsection
692	26B-4-310(1).
693	[(11)] (9)(a) "Primary health care" means:
694	(i) basic and general health care services given when a person seeks assistance to
695	screen for or to prevent illness and disease, or for simple and common illnesses
696	and injuries; and
697	(ii) care given for the management of chronic diseases.
698	(b) "Primary health care" includes:
699	(i) services of physicians, nurses, physician's assistants, and dentists licensed to
700	practice in this state under Title 58, Occupations and Professions;
701	(ii) diagnostic and radiologic services;
702	(iii) preventive health services including perinatal services, well-child services, and
703	other services that seek to prevent disease or its consequences;
704	(iv) emergency medical services;
705	(v) preventive dental services; and
706	(vi) pharmaceutical services.
707	Section 13. Section <b>26B-4-406</b> is amended to read:
708	26B-4-406 . Voluntary participation.

709	(1) Sections 26B-4-406 through 26B-4-411 do not create a duty or standard of care for:
710	(a) a person to be trained in the use and storage of epinephrine auto-injectors or stock
711	albuterol; or
712	(b) except as provided in Subsection (5), a qualified epinephrine auto-injector entity to
713	store epinephrine auto-injectors or a qualified stock albuterol entity to store stock
714	albuterol on its premises.
715	(2) Except as provided in Subsections (3) and (5), a decision by a person to successfully
716	complete a training program under Section 26B-4-407 or 26B-4-408 and to make
717	emergency epinephrine auto-injectors or stock albuterol available under the provisions
718	of Sections 26B-4-406 through 26B-4-411 is voluntary.
719	(3) A school, school board, or school official may not prohibit or dissuade a teacher or
720	other school employee at a primary or secondary school in the state, either public or
721	private, from:
722	(a) completing a training program under Section 26B-4-407 or 26B-4-408;
723	(b) possessing or storing an epinephrine auto-injector or stock albuterol on school
724	property if:
725	(i) the teacher or school employee is a qualified adult; and
726	(ii) the possession and storage is in accordance with the training received under
727	Section 26B-4-407 or 26B-4-408; or
728	(c) administering an epinephrine auto-injector or stock albuterol to any person, if:
729	(i) the teacher or school employee is a qualified adult; and
730	(ii) the administration is in accordance with the training received under Section
731	26B-4-407 or 26B-4-408.
732	(4) A school, school board, or school official may encourage a teacher or other school
733	employee to volunteer to become a qualified adult.
734	(5)(a) Each primary or secondary school in the state, both public and private, shall make
735	an emergency epinephrine auto-injector available to any teacher or other school
736	employee who:
737	(i) is employed at the school; and
738	(ii) is a qualified adult.
739	(b) This section does not require a school described in Subsection (5)(a) to keep more
740	than one emergency epinephrine auto-injector on the school premises, so long as it
741	may be quickly accessed by a teacher or other school employee, who is a qualified
742	adult, in the event of an emergency.

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742	(6)(a) Each primary or secondary school in the state, both public and private, may make
743	(6)(a) Each primary or secondary school in the state, both public and private, may make
744	stock albuterol available to any school employee who:
745	(i) is employed at the school; and
746	(ii) is a qualified adult.
747	(b) A qualified adult may administer stock albuterol to a student who:
748	(i) has a diagnosis of asthma by a health care provider;
749	(ii) has a current asthma action plan on file with the school; and
750	(iii) is showing symptoms of an asthma emergency as described in the student's
751	asthma action plan.
752	(c) If a student does not have a current asthma action plan on file with the school, a
753	qualified adult may administer stock albuterol to the student if the qualified adult
754	reasonably believes, consistent with the training received under Section 26B-4-408,
755	the child is experiencing an asthma emergency.
756	[(e)] (d) This Subsection (6) may not be interpreted to relieve a student's parent or
757	guardian of providing a student's medication or create an expectation that a school
758	will have stock albuterol available.
759	(7) No school, school board, or school official shall retaliate or otherwise take adverse
760	action against a teacher or other school employee for:
761	(a) volunteering under Subsection (2);
762	(b) engaging in conduct described in Subsection (3); or
763	(c) failing or refusing to become a qualified adult.
764	Section 14. Section <b>26B-4-409</b> is amended to read:
765	26B-4-409 . Authority to obtain and use an epinephrine auto-injector or stock
766	albuterol.
767	(1) The school district physician, a department health care provider, the medical director of
768	the local health department, or the local emergency medical services director may
769	provide a prescription for the following if requested by a qualified adult, who is a
770	teacher or other school employee at a public or private primary or secondary school in
771	the state, or a school nurse:
772	(a) epinephrine auto-injectors for use in accordance with this part; or
773	(b) stock albuterol for use in accordance with this part.
774	(2)(a) A qualified adult may obtain an epinephrine auto-injector for use in accordance
775	with this part that is dispensed by:
776	(i) a pharmacist as provided under Section 58-17b-1004; or
-	

777	(ii) a pharmacy intern as provided under Section 58-17b-1004.
778	(b) A qualified adult may obtain stock albuterol for use in accordance with this part that
779	is dispensed by:
780	(i) a pharmacist as provided under Section 58-17b-1004; or
781	(ii) a pharmacy intern as provided under Section 58-17b-1004.
782	(3) A qualified adult:
783	(a) may immediately administer an epinephrine auto-injector to a person exhibiting
784	potentially life-threatening symptoms of anaphylaxis when a physician or physician
785	assistant is not immediately available; and
786	(b) shall initiate emergency medical services or other appropriate medical follow-up in
787	accordance with the training materials retained under Section 26B-4-407 after
788	administering an epinephrine auto-injector.
789	(4)(a) If a school nurse is not immediately available, a qualified adult:
790	[(a)] (i) may immediately administer stock albuterol to an individual who:
791	[(i)] (A) has a diagnosis of asthma by a health care provider;
792	[(ii)] (B) has a current asthma action plan on file with the school; and
793	[(iii)] (C) is showing symptoms of an asthma emergency as described in the
794	student's asthma action plan; and
795	[(b)] (ii) shall initiate appropriate medical follow-up in accordance with the training
796	materials retained under Section 26B-4-408 after administering stock albuterol.
797	(b) If a school nurse is not immediately available and an individual does not have a
798	current asthma action plan on file with the school, a qualified adult:
799	(i) may administer stock albuterol to the individual if the qualified adult reasonably
800	believes, consistent with the training received under Section 26B-4-408, the
801	individual is experiencing an asthma emergency; and
802	(ii) shall initiate appropriate medical follow-up in accordance with the training
803	materials retained under Section 26B-4-408 after administering stock albuterol.
804	(5)(a) A qualified entity that complies with Subsection (5)(b) or (c), may obtain a supply
805	of epinephrine auto-injectors or stock albuterol, respectively, from a pharmacist
806	under Section 58-17b-1004, or a pharmacy intern under Section 58-17b-1004 for:
807	(i) storing:
808	(A) the epinephrine auto-injectors on the qualified epinephrine auto-injector
809	entity's premises; and
810	(B) stock albuterol on the qualified stock albuterol entity's premises; and

811	(ii) use by a qualified adult in accordance with Subsection (3) or (4).
812	(b) A qualified epinephrine auto-injector entity shall:
813	(i) designate an individual to complete an initial and annual refresher training
814	program regarding the proper storage and emergency use of an epinephrine
815	auto-injector available to a qualified adult; and
816	(ii) store epinephrine auto-injectors in accordance with the standards established by
817	the department in Section 26B-4-411.
818	(c) A qualified stock albuterol entity shall:
819	(i) designate an individual to complete an initial and annual refresher training
820	program regarding the proper storage and emergency use of stock albuterol
821	available to a qualified adult; and
822	(ii) store stock albuterol in accordance with the standards established by the
823	department in Section 26B-4-411.
824	Section 15. Section <b>26B-4-501</b> is amended to read:
825	26B-4-501 . Definitions.
826	As used in this part:
827	(1) "Controlled substance" means the same as that term is defined in Title 58, Chapter 37,
828	Utah Controlled Substances Act.
829	(2) "Critical access hospital" means a critical access hospital that meets the criteria of 42
830	U.S.C. Sec. 1395i-4(c)(2)[-(1998)].
831	(3) "Designated facility" means:
832	(a) a freestanding urgent care center;
833	(b) a general acute hospital; or
834	(c) a critical access hospital.
835	(4) "Dispense" means the same as that term is defined in Section 58-17b-102.
836	(5) "Division" means the Division of Professional Licensing created in Section 58-1-103.
837	(6) "Emergency contraception" means the use of a substance, approved by the United States
838	Food and Drug Administration, to prevent pregnancy after sexual intercourse.
839	(7) "Freestanding urgent care center" means the same as that term is defined in Section
840	59-12-801.
841	(8) "General acute hospital" means the same as that term is defined in Section 26B-2-201.
842	(9) "Health care facility" means a hospital, a hospice inpatient residence, a nursing facility,
843	a dialysis treatment facility, an assisted living residence, an entity that provides home-
844	and community-based services, a hospice or home health care agency, or another facility

845	that provides or contracts to provide health care services, which facility is licensed under
846	Chapter 2, Part 2, Health Care Facility Licensing and Inspection.
847	(10) "Health care provider" means:
848	(a) a physician, as defined in Section 58-67-102;
849	(b) an advanced practice registered nurse, as defined in Section 58-31b-102;
850	(c) a physician assistant, as defined in Section 58-70a-102; or
851	(d) an individual licensed to engage in the practice of dentistry, as defined in Section
852	58-69-102.
853	(11) "Increased risk" means risk exceeding the risk typically experienced by an individual
854	who is not using, and is not likely to use, an opiate.
855	(12) "Opiate" means the same as that term is defined in Section 58-37-2.
856	(13) "Opiate antagonist" means naloxone hydrochloride or any similarly acting drug that is
857	not a controlled substance and that is approved by the federal Food and Drug
858	Administration for the diagnosis or treatment of an opiate-related drug overdose.
859	(14) "Opiate-related drug overdose event" means an acute condition, including a decreased
860	level of consciousness or respiratory depression resulting from the consumption or use
861	of a controlled substance, or another substance with which a controlled substance was
862	combined, and that a person would reasonably believe to require medical assistance.
863	(15) "Overdose outreach provider" means:
864	(a) a law enforcement agency;
865	(b) a fire department;
866	(c) an emergency medical service provider, as defined in Section [26B-4-101] 53-2d-101;
867	(d) emergency medical service personnel, as defined in Section [26B-4-101] 53-2d-101;
868	(e) an organization providing treatment or recovery services for drug or alcohol use;
869	(f) an organization providing support services for an individual, or a family of an
870	individual, with a substance use disorder;
871	(g) a certified peer support specialist, as defined in Section 26B-5-610;
872	(h) an organization providing substance use or mental health services under contract
873	with a local substance abuse authority, as defined in Section 26B-5-101, or a local
874	mental health authority, as defined in Section 26B-5-101;
875	(i) an organization providing services to the homeless;
876	(j) a local health department;
877	(k) an individual licensed to practice under:

(i) Title 58, Chapter 17b, Pharmacy Practice Act;

879	(ii) Title 58, Chapter 60, Part 2, Social Worker Licensing Act; or
880	(iii) Title 58, Chapter 60, Part 5, Substance Use Disorder Counselor Act; or
881	(l) an individual.
882	(16) "Patient counseling" means the same as that term is defined in Section 58-17b-102.
883	(17) "Pharmacist" means the same as that term is defined in Section 58-17b-102.
884	(18) "Pharmacy intern" means the same as that term is defined in Section 58-17b-102.
885	(19) "Physician" means the same as that term is defined in Section 58-67-102.
886	(20) "Practitioner" means:
887	(a) a physician; or
888	(b) any other person who is permitted by law to prescribe emergency contraception.
889	(21) "Prescribe" means the same as that term is defined in Section 58-17b-102.
890	(22)(a) "Self-administered hormonal contraceptive" means a self-administered hormonal
891	contraceptive that is approved by the United States Food and Drug Administration to
892	prevent pregnancy.
893	(b) "Self-administered hormonal contraceptive" includes an oral hormonal contraceptive,
894	a hormonal vaginal ring, and a hormonal contraceptive patch.
895	(c) "Self-administered hormonal contraceptive" does not include any drug intended to
896	induce an abortion, as that term is defined in Section 76-7-301.
897	(23) "Sexual assault" means any criminal conduct described in Title 76, Chapter 5, Part 4,
898	Sexual Offenses, that may result in a pregnancy.
899	(24) "Victim of sexual assault" means any person who presents to receive, or receives,
900	medical care in consequence of being subjected to sexual assault.
901	Section 16. Section <b>26B-5-101</b> is amended to read:
902	26B-5-101 . Chapter definitions.
903	As used in this chapter:
904	(1) "Criminal risk factors" means a person's characteristics and behaviors that:
905	(a) affect the person's risk of engaging in criminal behavior; and
906	(b) are diminished when addressed by effective treatment, supervision, and other support
907	resources, resulting in reduced risk of criminal behavior.
908	(2) "Director" means the director appointed under Section 26B-5-103.
909	(3) "Division" means the Division of Integrated Healthcare created in Section [26B-1-1202]
910	<u>26B-3-102</u> .
911	(4) "Local mental health authority" means a county legislative body.
912	(5) "Local substance abuse authority" means a county legislative body.

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913	(6) "Mental health crisis" means:
914	(a) a mental health condition that manifests in an individual by symptoms of sufficient
915	severity that a prudent layperson who possesses an average knowledge of mental
916	health issues could reasonably expect the absence of immediate attention or
917	intervention to result in:
918	(i) serious danger to the individual's health or well-being; or
919	(ii) a danger to the health or well-being of others; or
920	(b) a mental health condition that, in the opinion of a mental health therapist or the
921	therapist's designee, requires direct professional observation or intervention.
922	(7) "Mental health crisis response training" means community-based training that educates
923	laypersons and professionals on the warning signs of a mental health crisis and how to
924	respond.
925	(8) "Mental health crisis services" means an array of services provided to an individual who
926	experiences a mental health crisis, which may include:
927	(a) direct mental health services;
928	(b) on-site intervention provided by a mobile crisis outreach team;
929	(c) the provision of safety and care plans;
930	(d) prolonged mental health services for up to 90 days after the day on which an
931	individual experiences a mental health crisis;
932	(e) referrals to other community resources;
933	(f) local mental health crisis lines; and
934	(g) the statewide mental health crisis line.
935	(9) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
936	(10) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and mental
937	health professionals that, in coordination with local law enforcement and emergency
938	medical service personnel, provides mental health crisis services.
939	(11) "Office" means the Office of Substance Use and Mental Health created in Section
940	26B-5-102.
941	(12)(a) "Public funds" means federal money received from the department, and state
942	money appropriated by the Legislature to the department, a county governing body,
943	or a local substance abuse authority, or a local mental health authority for the
944	purposes of providing substance abuse or mental health programs or services.
945	(b) "Public funds" include federal and state money that has been transferred by a local
946	substance abuse authority or a local mental health authority to a private provider

947	under an annual or otherwise ongoing contract to provide comprehensive substance
948	abuse or mental health programs or services for the local substance abuse authority or
949	local mental health authority. The money maintains the nature of "public funds"
950	while in the possession of the private entity that has an annual or otherwise ongoing
951	contract with a local substance abuse authority or a local mental health authority to
952	provide comprehensive substance use or mental health programs or services for the
953	local substance abuse authority or local mental health authority.
954	(c) Public funds received for the provision of services under substance use or mental
955	health service plans may not be used for any other purpose except those authorized in
956	the contract between the local mental health or substance abuse authority and
957	provider for the provision of plan services.
958	(13) "Severe mental disorder" means schizophrenia, major depression, bipolar disorders,
959	delusional disorders, psychotic disorders, and other mental disorders as defined by the
960	division.
961	(14) "Stabilization services" means in-home services provided to a child with, or who is at
962	risk for, complex emotional and behavioral needs, including teaching the child's parent
963	or guardian skills to improve family functioning.
964	(15) "Statewide mental health crisis line" means the same as that term is defined in Section
965	26B-5-610.
966	(16) "System of care" means a broad, flexible array of services and supports that:
967	(a) serve a child with or who is at risk for complex emotional and behavioral needs;
968	(b) are community based;
969	(c) are informed about trauma;
970	(d) build meaningful partnerships with families and children;
971	(e) integrate service planning, service coordination, and management across state and
972	local entities;
973	(f) include individualized case planning;
974	(g) provide management and policy infrastructure that supports a coordinated network of
975	interdepartmental service providers, contractors, and service providers who are
976	outside of the department; and
977	(h) are guided by the type and variety of services needed by a child with or who is at risk
978	for complex emotional and behavioral needs and by the child's family.
979	[(17) "Targeted case management" means a service that assists Medicaid recipients in a
980	target group to gain access to needed medical, social, educational, and other services.]

981	Section 17. Section <b>26B-5-102</b> is amended to read:
982	26B-5-102 . Division of Integrated Healthcare Office of Substance Use and
983	Mental Health Creation Responsibilities.
984	(1)(a) The Division of Integrated Healthcare shall exercise responsibility over the
985	policymaking functions, regulatory and enforcement powers, rights, duties, and
986	responsibilities outlined in state law that were previously vested in the Division of
987	Substance Abuse and Mental Health within the department, under the administration
988	and general supervision of the executive director.
989	(b) The division is the substance abuse authority and the mental health authority for this
990	state.
991	(c) There is created the Office of Substance Use and Mental Health within the division.
992	(d) The office shall exercise the responsibilities, powers, rights, duties, and
993	responsibilities assigned to the office by the executive director.
994	(2) The division shall:
995	(a)(i) educate the general public regarding the nature and consequences of substance
996	use by promoting school and community-based prevention programs;
997	(ii) render support and assistance to public schools through approved school-based
998	substance abuse education programs aimed at prevention of substance use;
999	(iii) promote or establish programs for the prevention of substance use within the
1000	community setting through community-based prevention programs;
1001	(iv) cooperate with and assist treatment centers, recovery residences, and other
1002	organizations that provide services to individuals recovering from a substance use
1003	disorder, by identifying and disseminating information about effective practices
1004	and programs;
1005	(v) promote integrated programs that address an individual's substance use, mental
1006	health, and physical health;
1007	(vi) establish and promote an evidence-based continuum of screening, assessment,
1008	prevention, treatment, and recovery support services in the community for
1009	individuals with a substance use disorder or mental illness;
1010	(vii) evaluate the effectiveness of programs described in this Subsection (2);
1011	(viii) consider the impact of the programs described in this Subsection (2) on:
1012	(A) emergency department utilization;
1013	(B) jail and prison populations;
1014	(C) the homeless population; and

1015	(D) the child welfare system; and
1016	(ix) promote or establish programs for education and certification of instructors to
1017	educate individuals convicted of driving under the influence of alcohol or drugs or
1018	driving with any measurable controlled substance in the body;
1019	(b)(i) collect and disseminate information pertaining to mental health;
1020	(ii) provide direction over the state hospital including approval of the state hospital's
1021	budget, administrative policy, and coordination of services with local service
1022	plans;
1023	(iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
1024	Rulemaking Act, to educate families concerning mental illness and promote
1025	family involvement, when appropriate, and with patient consent, in the treatment
1026	program of a family member;
1027	(iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
1028	Rulemaking Act, to direct that an individual receiving services through a local
1029	mental health authority or the Utah State Hospital be informed about and, if
1030	desired by the individual, provided assistance in the completion of a declaration
1031	for mental health treatment in accordance with Section 26B-5-313; and
1032	(v) to the extent authorized and in accordance with statute, make rules in accordance
1033	with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that:
1034	(A) create a certification for [targeted case management] case managers;
1035	(B) establish training and certification requirements;
1036	(C) specify the types of services each certificate holder is qualified to provide;
1037	(D) specify the type of supervision under which a certificate holder is required to
1038	operate; and
1039	(E) specify continuing education and other requirements for maintaining or
1040	renewing certification;
1041	(c)(i) consult and coordinate with local substance abuse authorities and local mental
1042	health authorities regarding programs and services;
1043	(ii) provide consultation and other assistance to public and private agencies and
1044	groups working on substance use and mental health issues;
1045	(iii) promote and establish cooperative relationships with courts, hospitals, clinics,
1046	medical and social agencies, public health authorities, law enforcement agencies,
1047	education and research organizations, and other related groups;
1048	(iv) promote or conduct research on substance use and mental health issues, and

1049	submit to the governor and the Legislature recommendations for changes in policy
1050	and legislation;
1051	(v) receive, distribute, and provide direction over public funds for substance use and
1052	mental health services;
1053	(vi) monitor and evaluate programs provided by local substance abuse authorities and
1054	local mental health authorities;
1055	(vii) examine expenditures of local, state, and federal funds;
1056	(viii) monitor the expenditure of public funds by:
1057	(A) local substance abuse authorities;
1058	(B) local mental health authorities; and
1059	(C) in counties where they exist, a private contract provider that has an annual or
1060	otherwise ongoing contract to provide comprehensive substance abuse or
1061	mental health programs or services for the local substance abuse authority or
1062	local mental health authority;
1063	(ix) contract with local substance abuse authorities and local mental health authorities
1064	to provide a comprehensive continuum of services that include community-based
1065	services for individuals involved in the criminal justice system, in accordance with
1066	division policy, contract provisions, and the local plan;
1067	(x) contract with private and public entities for special statewide or nonclinical
1068	services, or services for individuals involved in the criminal justice system,
1069	according to division rules;
1070	(xi) review and approve each local substance abuse authority's plan and each local
1071	mental health authority's plan in order to ensure:
1072	(A) a statewide comprehensive continuum of substance use services;
1073	(B) a statewide comprehensive continuum of mental health services;
1074	(C) services result in improved overall health and functioning;
1075	(D) a statewide comprehensive continuum of community-based services designed
1076	to reduce criminal risk factors for individuals who are determined to have
1077	substance use or mental illness conditions or both, and who are involved in the
1078	criminal justice system;
1079	(E) compliance, where appropriate, with the certification requirements in
1080	Subsection (2)(h); and
1081	(F) appropriate expenditure of public funds;
1082	(xii) review and make recommendations regarding each local substance abuse

1083	authority's contract with the local substance abuse authority's provider of
1084	substance use programs and services and each local mental health authority's
1085	contract with the local mental health authority's provider of mental health
1086	programs and services to ensure compliance with state and federal law and policy;
1087	(xiii) monitor and ensure compliance with division rules and contract requirements;
1088	and
1089	(xiv) withhold funds from local substance abuse authorities, local mental health
1090	authorities, and public and private providers for contract noncompliance, failure to
1091	comply with division directives regarding the use of public funds, or for misuse of
1092	public funds or money;
1093	(d) ensure that the requirements of this part are met and applied uniformly by local
1094	substance abuse authorities and local mental health authorities across the state;
1095	(e) require each local substance abuse authority and each local mental health authority,
1096	in accordance with Subsections 17-43-201(5)(b) and 17-43-301(6)(a)(ii), to submit a
1097	plan to the division on or before May 15 of each year;
1098	(f) conduct an annual program audit and review of each local substance abuse authority
1099	and each local substance abuse authority's contract provider, and each local mental
1100	health authority and each local mental health authority's contract provider, including:
1101	(i) a review and determination regarding whether:
1102	(A) public funds allocated to the local substance abuse authority or the local
1103	mental health authorities are consistent with services rendered by the authority
1104	or the authority's contract provider, and with outcomes reported by the
1105	authority's contract provider; and
1106	(B) each local substance abuse authority and each local mental health authority is
1107	exercising sufficient oversight and control over public funds allocated for
1108	substance use disorder and mental health programs and services; and
1109	(ii) items determined by the division to be necessary and appropriate;
1110	(g) define "prevention" by rule as required under Title 32B, Chapter 2, Part 4, Alcoholic
1111	Beverage and Substance Abuse Enforcement and Treatment Restricted Account Act;
1112	(h)(i) train and certify an adult as a peer support specialist, qualified to provide peer
1113	supports services to an individual with:
1114	(A) a substance use disorder;
1115	(B) a mental health disorder; or
1116	(C) a substance use disorder and a mental health disorder;

1117	(ii) certify a person to carry out, as needed, the division's duty to train and certify an
1118	adult as a peer support specialist;
1119	(iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
1120	Rulemaking Act, that:
1121	(A) establish training and certification requirements for a peer support specialist;
1122	(B) specify the types of services a peer support specialist is qualified to provide;
1123	(C) specify the type of supervision under which a peer support specialist is
1124	required to operate; and
1125	(D) specify continuing education and other requirements for maintaining or
1126	renewing certification as a peer support specialist; and
1127	(iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
1128	Rulemaking Act, that:
1129	(A) establish the requirements for a person to be certified to carry out, as needed,
1130	the division's duty to train and certify an adult as a peer support specialist; and
1131	(B) specify how the division shall provide oversight of a person certified to train
1132	and certify a peer support specialist;
1133	(i) collaborate with the State Commission on Criminal and Juvenile Justice to analyze
1134	and provide recommendations to the Legislature regarding:
1135	(i) pretrial services and the resources needed to reduce recidivism;
1136	(ii) county jail and county behavioral health early-assessment resources needed for an
1137	individual convicted of a class A or class B misdemeanor; and
1138	(iii) the replacement of federal dollars associated with drug interdiction law
1139	enforcement task forces that are reduced;
1140	(j) establish performance goals and outcome measurements for a mental health or
1141	substance use treatment program that is licensed under Chapter 2, Part 1, Human
1142	Services Programs and Facilities, and contracts with the department, including goals
1143	and measurements related to employment and reducing recidivism of individuals
1144	receiving mental health or substance use treatment who are involved with the
1145	criminal justice system;
1146	(k) annually, on or before November 30, submit a written report to the Judiciary Interim
1147	Committee, the Health and Human Services Interim Committee, and the Law
1148	Enforcement and Criminal Justice Interim Committee, that includes:
1149	(i) a description of the performance goals and outcome measurements described in
1150	Subsection (2)(j); and

1151	(ii) information on the effectiveness of the goals and measurements in ensuring
1152	appropriate and adequate mental health or substance use treatment is provided in a
1153	treatment program described in Subsection (2)(j);
1154	(1) collaborate with the Administrative Office of the Courts, the Department of
1155	Corrections, the Department of Workforce Services, and the Board of Pardons and
1156	Parole to collect data on recidivism in accordance with the metrics and requirements
1157	described in Section 63M-7-102;
1158	(m) at the division's discretion, use the data described in Subsection (2)(l) to make
1159	decisions regarding the use of funds allocated to the division to provide treatment;
1160	(n) annually, on or before August 31, submit the data collected under Subsection (2)(l)
1161	and any recommendations to improve the data collection to the State Commission on
1162	Criminal and Juvenile Justice to be included in the report described in Subsection
1163	63M-7-204(1)(x);
1164	(o) publish the following on the division's website:
1165	(i) the performance goals and outcome measurements described in Subsection (2)(j);
1166	and
1167	(ii) a description of the services provided and the contact information for the mental
1168	health and substance use treatment programs described in Subsection (2)(j) and
1169	residential, vocational and life skills programs, as defined in Section 13-53-102;
1170	and
1171	(p) consult and coordinate with the Division of Child and Family Services to develop
1172	and manage the operation of a program designed to reduce substance use during
1173	pregnancy and by parents of a newborn child that includes:
1174	(i) providing education and resources to health care providers and individuals in the
1175	state regarding prevention of substance use during pregnancy;
1176	(ii) providing training to health care providers in the state regarding screening of a
1177	pregnant woman or pregnant minor to identify a substance use disorder; and
1178	(iii) providing referrals to pregnant women, pregnant minors, or parents of a newborn
1179	child in need of substance use treatment services to a facility that has the capacity
1180	to provide the treatment services.
1181	(3) In addition to the responsibilities described in Subsection (2), the division shall, within
1182	funds appropriated by the Legislature for this purpose, implement and manage the
1183	operation of a firearm safety and suicide prevention program, in consultation with the
1184	Bureau of Criminal Identification created in Section 53-10-201, including:

1185	(a) coordinating with local mental health and substance abuse authorities, a nonprofit
1186	behavioral health advocacy group, and a representative from a Utah-based nonprofit
1187	organization with expertise in the field of firearm use and safety that represents
1188	firearm owners, to:
1189	(i) produce and periodically review and update a firearm safety brochure and other
1190	educational materials with information about the safe handling and use of firearms
1191	that includes:
1192	(A) information on safe handling, storage, and use of firearms in a home
1193	environment;
1194	(B) information about at-risk individuals and individuals who are legally
1195	prohibited from possessing firearms;
1196	(C) information about suicide prevention awareness; and
1197	(D) information about the availability of firearm safety packets;
1198	(ii) procure cable-style gun locks for distribution under this section;
1199	(iii) produce a firearm safety packet that includes the firearm safety brochure and the
1200	cable-style gun lock described in this Subsection (3); and
1201	(iv) create a suicide prevention education course that:
1202	(A) provides information for distribution regarding firearm safety education;
1203	(B) incorporates current information on how to recognize suicidal behaviors and
1204	identify individuals who may be suicidal; and
1205	(C) provides information regarding crisis intervention resources;
1206	(b) distributing, free of charge, the firearm safety packet to the following persons, who
1207	shall make the firearm safety packet available free of charge:
1208	(i) health care providers, including emergency rooms;
1209	(ii) mobile crisis outreach teams;
1210	(iii) mental health practitioners;
1211	(iv) other public health suicide prevention organizations;
1212	(v) entities that teach firearm safety courses;
1213	(vi) school districts for use in the seminar, described in Section [53G-9-702]
1214	53G-9-703, for parents of students in the school district; and
1215	(vii) firearm dealers to be distributed in accordance with Section 76-10-526;
1216	(c) creating and administering a rebate program that includes a rebate that offers
1217	between \$10 and \$200 off the purchase price of a firearm safe from a participating
1218	firearms dealer or a person engaged in the business of selling firearm safes in Utah,

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1219	by a Utah resident; and
1220	(d) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
1221	making rules that establish procedures for:
1222	(i) producing and distributing the suicide prevention education course and the firearm
1223	safety brochures and packets;
1224	(ii) procuring the cable-style gun locks for distribution; and
1225	(iii) administering the rebate program.
1226	(4)(a) The division may refuse to contract with and may pursue legal remedies against
1227	any local substance abuse authority or local mental health authority that fails, or has
1228	failed, to expend public funds in accordance with state law, division policy, contract
1229	provisions, or directives issued in accordance with state law.
1230	(b) The division may withhold funds from a local substance abuse authority or local
1231	mental health authority if the authority's contract provider of substance use or mental
1232	health programs or services fails to comply with state and federal law or policy.
1233	(5)(a) Before reissuing or renewing a contract with any local substance abuse authority
1234	or local mental health authority, the division shall review and determine whether the
1235	local substance abuse authority or local mental health authority is complying with the
1236	oversight and management responsibilities described in Sections 17-43-201,
1237	17-43-203, 17-43-303, and 17-43-309.
1238	(b) Nothing in this Subsection (5) may be used as a defense to the responsibility and
1239	liability described in Section 17-43-303 and to the responsibility and liability
1240	described in Section 17-43-203.
1241	(6) In carrying out the division's duties and responsibilities, the division may not duplicate
1242	treatment or educational facilities that exist in other divisions or departments of the state,
1243	but shall work in conjunction with those divisions and departments in rendering the
1244	treatment or educational services that those divisions and departments are competent and
1245	able to provide.
1246	(7) The division may accept in the name of and on behalf of the state donations, gifts,
1247	devises, or bequests of real or personal property or services to be used as specified by
1248	the donor.
1249	(8) The division shall annually review with each local substance abuse authority and each
1250	local mental health authority the authority's statutory and contract responsibilities
1251	regarding:
1252	(a) use of public funds;

1253	(b) oversight of public funds; and
1254	(c) governance of substance use disorder and mental health programs and services.
1255	(9) The Legislature may refuse to appropriate funds to the division upon the division's
1256	failure to comply with the provisions of this part.
1257	(10) If a local substance abuse authority contacts the division under Subsection 17-43-201
1258	(10) for assistance in providing treatment services to a pregnant woman or pregnant
1259	minor, the division shall:
1260	(a) refer the pregnant woman or pregnant minor to a treatment facility that has the
1261	capacity to provide the treatment services; or
1262	(b) otherwise ensure that treatment services are made available to the pregnant woman
1263	or pregnant minor.
1264	(11) The division shall employ a school-based mental health specialist to be housed at the
1265	State Board of Education who shall work with the State Board of Education to:
1266	(a) provide coordination between a local education agency and local mental health
1267	authority;
1268	(b) recommend evidence-based and evidence informed mental health screenings and
1269	intervention assessments for a local education agency; and
1270	(c) coordinate with the local community, including local departments of health, to
1271	enhance and expand mental health related resources for a local education agency.
1272	Section 18. Section <b>26B-5-315</b> is amended to read:
1273	26B-5-315 . Declaration for mental health treatment Form.
1274	A declaration for mental health treatment shall be in substantially the following form:
1275	DECLARATION FOR MENTAL HEALTH TREATMENT
1276	I,, being an adult of sound mind, willfully and
1277	voluntarily make this declaration for mental health treatment, to be followed if it is determined
1278	by a court or by two physicians that my ability to receive and evaluate information effectively
1279	or to communicate my decisions is impaired to such an extent that I lack the capacity to refuse
1280	or consent to mental health treatment. "Mental health treatment" means convulsive treatment,
1281	treatment with psychoactive medication, and admission to and retention in a mental health
1282	facility for a period up to 17 days.
1283	I understand that I may become incapable of giving or withholding informed consent for
1284	mental health treatment due to the symptoms of a diagnosed mental disorder. These symptoms
1285	may include:
1286	

	<b>PSYCHOACTIVE MEDICATIONS</b>
If	f I become incapable of giving or withholding informed consent for mental health
treati	ment, my wishes regarding psychoactive medications are as follows:
	I consent to the administration of the following medications:
	e dosages:
_	considered appropriate by my attending physician.
_	approved by
_	as I hereby direct:
	I do not consent to the administration of the following medications:
	CONVULSIVE TREATMENT
It	f I become incapable of giving or withholding informed consent for mental health
treati	ment, my wishes regarding convulsive treatment are as follows:
	I consent to the administration of convulsive treatment of the following type:
	, the number of treatments to be:
_	determined by my attending physician.
_	approved by
_	as follows:
	I do not consent to the administration of convulsive treatment.
	Ay reasons for consenting to or refusing convulsive treatment are as follows;
	ADMISSION TO AND RETENTION IN A MENTAL HEALTH FACILITY
Т	f I become incapable of giving or withholding informed consent for mental health
11	ment, my wishes regarding admission to and retention in a mental health facility are a
	, , ,

determined by my attending physician.
approved by
no longer than
This directive cannot, by law, provide consent to retain me in a facility for more than 17
days.
ADDITIONAL REFERENCES OR INSTRUCTIONS
ATTORNEY-IN-FACT
I hereby appoint:
NAME
ADDRESS
TELEPHONE #
to act as my attorney-in-fact to make decisions regarding my mental health treatment if I
become incapable of giving or withholding informed consent for that treatment.
If the person named above refuses or is unable to act on my behalf, or if I revoke that
person's authority to act as my attorney-in-fact, I authorize the following person to act as my
alternative attorney-in-fact:
NAME
ADDRESS
TELEPHONE #
My attorney-in-fact is authorized to make decisions which are consistent with the wishes
I have expressed in this declaration. If my wishes are not expressed, my attorney-in-fact is to
act in good faith according to what he or she believes to be in my best interest.
(Signature of Declarant/Date)
AFFIRMATION OF WITNESSES
We affirm that the declarant is personally known to us, that the declarant signed or
acknowledged the declarant's signature on this declaration for mental health treatment in our
presence, that the declarant appears to be of sound mind and does not appear to be under
duress, fraud, or undue influence. Neither of us is the person appointed as attorney-in-fact by
this document, the attending physician, an employee of the attending physician, an employee
of the Office of Substance [Abuse] Use and Mental Health within the Department of Health

i	and Human Services, an employee of a local mental health authority, or an employee of any
•	organization that contracts with a local mental health authority.
,	Witnessed By:
•	(Signature of Witness/Date) (Printed Name of Witness)
•	(Signature of Witness/Date) (Printed Name of Witness)
	ACCEPTANCE OF APPOINTMENT AS ATTORNEY-IN-FACT
	I accept this appointment and agree to serve as attorney-in-fact to make decisions about
	mental health treatment for the declarant. I understand that I have a duty to act consistently
	with the desires of the declarant as expressed in the declaration. I understand that this
	document gives me authority to make decisions about mental health treatment only while the
	declarant is incapable as determined by a court or two physicians. I understand that the
	declarant may revoke this appointment, or the declaration, in whole or in part, at any time and
	in any manner, when the declarant is not incapable.
	(Signature of Attorney-in-fact/Date) (Printed name)
-	
-	
(	(Signature of Alternate Attorney-in-fact/Date) (Printed name)
	NOTICE TO PERSON MAKING A
	DECLARATION FOR MENTAL HEALTH TREATMENT
	This is an important legal document. It is a declaration that allows, or disallows, mental
]	health treatment. Before signing this document, you should know that:
(	(1) this document allows you to make decisions in advance about three types of mental
	health treatment: psychoactive medication, convulsive therapy, and short-term (up to 17
	days) admission to a mental health facility;
(	(2) the instructions that you include in this declaration will be followed only if a court or
	two physicians believe that you are incapable of otherwise making treatment decisions.
	Otherwise, you will be considered capable to give or withhold consent for treatment;
(	(3) you may also appoint a person as your attorney-in-fact to make these treatment

1389 decisions for you if you become incapable. The person you appoint has a duty to act 1390 consistently with your desires as stated in this document or, if not stated, to make 1391 decisions in accordance with what that person believes, in good faith, to be in your best 1392 interest. For the appointment to be effective, the person you appoint must accept the 1393 appointment in writing. The person also has the right to withdraw from acting as your 1394 attorney-in-fact at any time; 1395 (4) this document will continue in effect for a period of three years unless you become 1396 incapable of participating in mental health treatment decisions. If this occurs, the 1397 directive will continue in effect until you are no longer incapable; 1398 (5) you have the right to revoke this document in whole or in part, or the appointment of an 1399 attorney-in-fact, at any time you have not been determined to be incapable. YOU MAY 1400 NOT REVOKE THE DECLARATION OR APPOINTMENT WHEN YOU ARE 1401 CONSIDERED INCAPABLE BY A COURT OR TWO PHYSICIANS. A revocation 1402 is effective when it is communicated to your attending physician or other provider; and 1403 (6) if there is anything in this document that you do not understand, you should ask an 1404 attorney to explain it to you. This declaration is not valid unless it is signed by two 1405 qualified witnesses who are personally known to you and who are present when you sign 1406 or acknowledge your signature. 1407 Section 19. Section **26B-5-319** is amended to read: 1408 26B-5-319. Receipt of gift and personal property related to the transfer of 1409 persons from other institutions. 1410 (1) The division may take and hold by gift, devise, or bequest real and personal property 1411 required for the use of the state hospital. With the approval of the governor the division 1412 may convert that property that is not suitable for the state hospital's use into money or 1413 property that is suitable for the state hospital's use. 1414 (2) The state hospital is authorized to receive from any other institution within the 1415 department an individual committed to that institution, when a careful evaluation of the 1416 treatment needs of the individual and of the treatment programs available at the state 1417 hospital indicates that the transfer would be in the interest of that individual. 1418 (3)(a) For the purposes of this Subsection (3), "contributions" means gifts, grants, 1419 devises, and donations.

(b) Notwithstanding the provisions of Subsection [26B-1-202(10)] 26B-1-202(2)(j), the
 state hospital is authorized to receive contributions and deposit the contributions into
 an interest-bearing restricted special revenue fund. The state treasurer may invest the

1423	fund, and all interest will remain in the fund.
1424	(c)(i) Single expenditures from the fund in amounts of \$5,000 or less shall be
1425	approved by the superintendent.
1426	(ii) Single expenditures exceeding \$5,000 must be preapproved by the superintendent
1427	and the division director.
1428	(iii) Expenditures described in this Subsection (3) shall be used for the benefit of
1429	patients at the state hospital.
1430	(d) Money and interest in the fund may not be used for items normally paid for by
1431	operating revenues or for items related to personnel costs without specific legislative
1432	authorization.
1433	Section 20. Section <b>26B-5-331</b> is amended to read:
1434	26B-5-331 . Temporary commitment Requirements and procedures Rights.
1435	(1) An adult shall be temporarily, involuntarily committed to a local mental health authority
1436	upon:
1437	(a) a written application that:
1438	(i) is completed by a responsible individual who has reason to know, stating a belief
1439	that the adult, due to mental illness, is likely to pose substantial danger to self or
1440	others if not restrained and stating the personal knowledge of the adult's condition
1441	or circumstances that lead to the individual's belief; and
1442	(ii) includes a certification by a licensed physician, licensed physician assistant,
1443	licensed nurse practitioner, or designated examiner stating that the physician,
1444	physician assistant, nurse practitioner, or designated examiner has examined the
1445	adult within a three-day period immediately preceding the certification, and that
1446	the physician, physician assistant, nurse practitioner, or designated examiner is of
1447	the opinion that, due to mental illness, the adult poses a substantial danger to self
1448	or others; or
1449	(b) a peace officer or a mental health officer:
1450	(i) observing an adult's conduct that gives the peace officer or mental health officer
1451	probable cause to believe that:
1452	(A) the adult has a mental illness; and
1453	(B) because of the adult's mental illness and conduct, the adult poses a substantial
1454	danger to self or others; and
1455	(ii) completing a temporary commitment application that:
1456	(A) is on a form prescribed by the division;

1457	(B) states the peace officer's or mental health officer's belief that the adult poses a
1458	substantial danger to self or others;
1459	(C) states the specific nature of the danger;
1460	(D) provides a summary of the observations upon which the statement of danger is
1461	based; and
1462	(E) provides a statement of the facts that called the adult to the peace officer's or
1463	mental health officer's attention.
1464	(2) If at any time a patient committed under this section no longer meets the commitment
1465	criteria described in Subsection (1), the local mental health authority or the local mental
1466	health authority's designee shall:
1467	(a) document the change and release the patient; and
1468	(b) if the patient was admitted under Subsection (1)(b), notify the peace officer or
1469	mental health officer of the patient's release.
1470	(3) A patient committed under this section may be held for a maximum of 72 hours after
1471	commitment, excluding Saturdays, Sundays, and legal holidays, unless:
1472	(a) as described in Section 26B-5-332, an application for involuntary commitment is
1473	commenced, which may be accompanied by an order of detention described in
1474	Subsection 26B-5-332(4); or
1475	(b) the patient makes a voluntary application for admission.
1476	(4) Upon a written application described in Subsection (1)(a) or the observation and belief
1477	described in Subsection (1)(b)(i), the adult shall be:
1478	(a) taken into a peace officer's protective custody, by reasonable means, if necessary for
1479	public safety; and
1480	(b) transported for temporary commitment to a facility designated by the local mental
1481	health authority, by means of:
1482	(i) an ambulance, if the adult meets any of the criteria described in Section [
1483	<del>26B-4-119</del> ] <u>53-2d-405;</u>
1484	(ii) an ambulance, if a peace officer is not necessary for public safety, and
1485	transportation arrangements are made by a physician, physician assistant, nurse
1486	practitioner, designated examiner, or mental health officer;
1487	(iii) the city, town, or municipal law enforcement authority with jurisdiction over the
1488	location where the adult is present, if the adult is not transported by ambulance;
1489	(iv) the county sheriff, if the designated facility is outside of the jurisdiction of the
1490	law enforcement authority described in Subsection (4)(b)(iii) and the adult is not

1491 transported by ambulance; or 1492 (v) nonemergency secured behavioral health transport as that term is defined in 1493 Section 53-2d-101. 1494 (5) Notwithstanding Subsection (4): 1495 (a) an individual shall be transported by ambulance to an appropriate medical facility for 1496 treatment if the individual requires physical medical attention; 1497 (b) if an officer has probable cause to believe, based on the officer's experience and 1498 de-escalation training that taking an individual into protective custody or transporting 1499 an individual for temporary commitment would increase the risk of substantial 1500 danger to the individual or others, a peace officer may exercise discretion to not take 1501 the individual into custody or transport the individual, as permitted by policies and 1502 procedures established by the officer's law enforcement agency and any applicable 1503 federal or state statute, or case law; and 1504 (c) if an officer exercises discretion under Subsection (4)(b) to not take an individual 1505 into protective custody or transport an individual, the officer shall document in the officer's report the details and circumstances that led to the officer's decision. 1506 1507 (6)(a) The local mental health authority shall inform an adult patient committed under 1508 this section of the reason for commitment. 1509 (b) An adult patient committed under this section has the right to: 1510 (i) within three hours after arrival at the local mental health authority, make a 1511 telephone call, at the expense of the local mental health authority, to an individual 1512 of the patient's choice; and 1513 (ii) see and communicate with an attorney. 1514 (7)(a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this section. 1515 (b) This section does not create a special duty of care. 1516 (8)(a) A local mental health authority shall provide discharge instructions to each 1517 individual committed under this section at or before the time the individual is 1518 discharged from the local mental health authority's custody, regardless of whether the 1519 individual is discharged by being released, taken into a peace officer's protective 1520 custody, transported to a medical facility or other facility, or other circumstances. 1521 (b) Discharge instructions provided under Subsection (8)(a) shall include: 1522 (i) a summary of why the individual was committed to the local mental health 1523 authority; 1524 (ii) detailed information about why the individual is being discharged from the local

1525	mental health authority's custody;
1526	(iii) a safety plan for the individual based on the individual's mental illness or mental
1527	or emotional state;
1528	(iv) notification to the individual's primary care provider, if applicable;
1529	(v) if the individual is discharged without food, housing, or economic security, a
1530	referral to appropriate services, if such services exist in the individual's
1531	community;
1532	(vi) the phone number to call or text for a crisis services hotline, and information
1533	about the availability of peer support services;
1534	(vii) a copy of any psychiatric advance directive presented to the local mental health
1535	authority, if applicable;
1536	(viii) information about how to establish a psychiatric advance directive if one was
1537	not presented to the local mental health authority;
1538	(ix) as applicable, information about medications that were changed or discontinued
1539	during the commitment;
1540	(x) a list of any screening or diagnostic tests conducted during the commitment;
1541	(xi) a summary of therapeutic treatments provided during the commitment;
1542	(xii) any laboratory work, including blood samples or imaging, that was completed or
1543	attempted during the commitment; and
1544	(xiii) information about how to contact the local mental health authority if needed.
1545	(c) If an individual's medications were changed, or if an individual was prescribed new
1546	medications while committed under this section, discharge instructions provided
1547	under Subsection (8)(a) shall include a clinically appropriate supply of medications,
1548	as determined by a licensed health care provider, to allow the individual time to
1549	access another health care provider or follow-up appointment.
1550	(d) If an individual refuses to accept discharge instructions, the local mental health
1551	authority shall document the refusal in the individual's medical record.
1552	(e) If an individual's discharge instructions include referrals to services under Subsection
1553	(8)(b)(v), the local mental health authority shall document those referrals in the
1554	individual's medical record.
1555	(f) The local mental health authority shall attempt to follow up with a discharged
1556	individual at least 48 hours after discharge, and may use peer support professionals
1557	when performing follow-up care or developing a continuing care plan.
1558	Section 21. Section <b>26B-5-609</b> is amended to read:

1559	26B-5-609 . Department and division duties MCOT license creation.
1560	(1) As used in this section:
1561	(a) "Committee" means the Behavioral Health Crisis Response Committee created in
1562	Section 63C-18-202.
1563	(b) "Emergency medical service personnel" means the same as that term is defined in
1564	Section [ <del>26B-4-101</del> ] <u>53-2d-101</u> .
1565	(c) "Emergency medical services" means the same as that term is defined in Section [
1566	<del>26B-4-101</del> ] <u>53-2d-101</u> .
1567	(d) "MCOT certification" means the certification created in this part for MCOT
1568	personnel and mental health crisis outreach services.
1569	(e) "MCOT personnel" means a licensed mental health therapist or other mental health
1570	professional, as determined by the division, who is a part of a mobile crisis outreach
1571	team.
1572	(f) "Mental health crisis" means a mental health condition that manifests itself by
1573	symptoms of sufficient severity that a prudent layperson who possesses an average
1574	knowledge of mental health issues could reasonably expect the absence of immediate
1575	attention or intervention to result in:
1576	(i) serious jeopardy to the individual's health or well-being; or
1577	(ii) a danger to others.
1578	(g)(i) "Mental health crisis services" means mental health services and on-site
1579	intervention that a person renders to an individual suffering from a mental health
1580	crisis.
1581	(ii) "Mental health crisis services" includes the provision of safety and care plans,
1582	stabilization services offered for a minimum of 60 days, and referrals to other
1583	community resources.
1584	(h) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
1585	(i) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and
1586	mental health professionals that provides mental health crisis services and, based on
1587	the individual circumstances of each case, coordinates with local law enforcement,
1588	emergency medical service personnel, and other appropriate state or local resources.
1589	(2) To promote the availability of comprehensive mental health crisis services throughout
1590	the state, the division shall make rules, in accordance with Title 63G, Chapter 3, Utah
1591	Administrative Rulemaking Act, that create a certificate for MCOT personnel and
1592	MCOTs, including:

1593	(a) the standards the division establishes under Subsection (3); and
1594	(b) guidelines for:
1595	(i) credit for training and experience; and
1596	(ii) the coordination of:
1597	(A) emergency medical services and mental health crisis services;
1598	(B) law enforcement, emergency medical service personnel, and mobile crisis
1599	outreach teams; and
1600	(C) temporary commitment in accordance with Section 26B-5-331.
1601	(3)(a) The division shall:
1602	(i) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
1603	make rules that establish standards that an applicant is required to meet to qualify
1604	for the MCOT certification described in Subsection (2); and
1605	(ii) create a statewide MCOT plan that:
1606	(A) identifies statewide mental health crisis services needs, objectives, and
1607	priorities; and
1608	(B) identifies the equipment, facilities, personnel training, and other resources
1609	necessary to provide mental health crisis services.
1610	(b) The division shall take the action described in Subsection (3)(a) with
1611	recommendations from the committee.
1612	(c) The division may delegate the MCOT plan requirement described in Subsection
1613	(3)(a)(ii) to a contractor with which the division contracts to provide mental health
1614	crisis services.
1615	Section 22. Section <b>26B-6-210</b> is amended to read:
1616	26B-6-210. Statewide database Restricted use and access.
1617	(1) The division shall maintain a database for reports of vulnerable adult abuse, neglect, or
1618	exploitation made pursuant to this part.
1619	(2) The database shall include:
1620	(a) the names and identifying data of the alleged abused, neglected, or exploited
1621	vulnerable adult and the alleged perpetrator;
1622	(b) information regarding whether or not the allegation of abuse, neglect, or exploitation
1623	was found to be:
1624	(i) supported;
1625	(ii) inconclusive;
1626	(iii) without merit; or

1627	(iv) for reports for which the finding is made before May 5, 2008:
1628	(A) substantiated; or
1629	(B) unsubstantiated; and
1630	(c) any other information that may be helpful in furthering the purposes of this part, as
1631	determined by the division.
1632	(3) Information obtained from the database may be used only:
1633	(a) for statistical summaries compiled by the department that do not include names or
1634	other identifying data;
1635	(b) where identification of an individual as a perpetrator may be relevant in a
1636	determination regarding whether to grant or deny a license, privilege, or approval
1637	made by:
1638	(i) the department;
1639	(ii) the Division of Professional Licensing;
1640	(iii) the Division of Licensing and Background Checks within the department;
1641	(iv) the Bureau of Emergency Medical Services[-], within the Department of Public
1642	Safety;
1643	(v) any government agency specifically authorized by statute to access or use the
1644	information in the database; or
1645	(vi) an agency of another state that performs a similar function to an agency
1646	described in Subsections (3)(b)(i) through (iv); or
1647	(c) as otherwise specifically provided by law.
1648	Section 23. Section <b>26B-6-602</b> is amended to read:
1649	26B-6-602 . Division responsibility.
1650	The division is responsible:
1651	(1) for the supervision, care, and treatment of persons with an intellectual disability in this
1652	state who are committed to the division's jurisdiction under the provisions of this part;
1653	and
1654	(2) to evaluate and determine the most appropriate, least restrictive setting for an individual
1655	with an intellectual disability within the division's system.
1656	Section 24. Section <b>26B-7-301</b> is amended to read:
1657	26B-7-301 . Definitions.
1658	As used in this part:
1659	(1) "Bioterrorism" means:
1660	(a) the intentional use of any microorganism, virus, infectious substance, or biological

1661	and the second soft discourse on other bights is a location in a house on
1661	product to cause death, disease, or other biological malfunction in a human, an
1662	animal, a plant, or another living organism in order to influence, intimidate, or coerce
1663	the conduct of government or a civilian population; and
1664	(b) includes anthrax, botulism, small pox, plague, tularemia, and viral hemorrhagic
1665	fevers.
1666	(2) "Dangerous public health condition" means any of the following:
1667	(a) cholera;
1668	(b) pneumonic plague;
1669	(c) severe acute respiratory syndrome;
1670	(d) smallpox;
1671	(e) tuberculosis;
1672	(f) any viral hemorrhagic fever;
1673	(g) measles; or
1674	(h) any infection:
1675	(i) that is new, drug resistant, or reemerging;
1676	(ii) that evidence suggests is likely to cause either high mortality or morbidity; and
1677	(iii) only if the relevant legislative body of the county where the infection is located
1678	approves as needing containment.
1679	(3) "Diagnostic information" means a clinical facility's record of individuals who present
1680	for treatment, including the reason for the visit, chief complaint, presenting diagnosis,
1681	final diagnosis, and any pertinent lab results.
1682	(4) "Epidemic or pandemic disease":
1683	(a) means the occurrence in a community or region of cases of an illness clearly in
1684	excess of normal expectancy; and
1685	(b) includes diseases designated by the department which have the potential to cause
1686	serious illness or death.
1687	(5) "Exigent circumstances" means a significant change in circumstances following the
1688	expiration of a public health emergency declared in accordance with this title that:
1689	(a) substantially increases the danger to public safety or health relative to the
1690	circumstances in existence when the public health emergency expired;
1691	(b) poses an imminent danger to public safety or health; and
1692	(c) was not known or foreseen and could not have been known or foreseen at the time
1693	the public health emergency expired.
1694	(6) "First responder" means:

1695	(a) a law enforcement officer as defined in Section 53-13-103;
1696	(b) emergency medical service personnel as defined in Section [26B-4-101] 53-2d-101;
1697	(c) firefighters; and
1698	(d) public health personnel having jurisdiction over the location where an individual
1699	subject to an order of restriction is found.
1700	(7) "Health care provider" means the same as that term is defined in Section 78B-3-403.
1701	(8) "Legislative emergency response committee" means the same as that term is defined in
1702	Section 53-2a-203.
1703	(9) "Local food" means the same as that term is defined in Section 4-1-109.
1704	(10)(a) "Order of constraint" means an order, rule, or regulation issued in response to a
1705	declared public health emergency under this part, that:
1706	(i) applies to all or substantially all:
1707	(A) individuals or a certain group of individuals; or
1708	(B) public places or certain types of public places; and
1709	(ii) for the protection of the public health and in response to the declared public
1710	health emergency:
1711	(A) establishes, maintains, or enforces isolation or quarantine;
1712	(B) establishes, maintains, or enforces a stay-at-home order;
1713	(C) exercises physical control over property or individuals;
1714	(D) requires an individual to perform a certain action or engage in certain
1715	behavior; or
1716	(E) closes theaters, schools, or other public places or prohibits gatherings of
1717	people to protect the public health.
1718	(b) "Order of constraint" includes a stay-at-home order.
1719	(11) "Order of restriction" means an order issued by a department or a district court which
1720	requires an individual or group of individuals who are subject to restriction to submit to
1721	an examination, treatment, isolation, or quarantine.
1722	(12)(a) "Public health emergency" means an occurrence or imminent credible threat of
1723	an illness or health condition, caused by bioterrorism, epidemic or pandemic disease,
1724	or novel and highly fatal infectious agent or biological toxin, that poses a substantial
1725	risk of a significant number of human fatalities or incidents of permanent or
1726	long-term disability.
1727	(b) "Public health emergency" includes an illness or health condition resulting from a
1728	natural disaster.

1729 (13) "Public health official" means: 1730 (a) the executive director or the executive director's authorized representative; or 1731 (b) the executive director of a local health department or the executive director's 1732 authorized representative. 1733 (14) "Reportable emergency illness and health condition" includes the diseases, conditions, 1734 or syndromes designated by the department. 1735 (15) "Stay-at-home order" means an order of constraint that: 1736 (a) restricts movement of the general population to suppress or mitigate an epidemic or 1737 pandemic disease by directing individuals within a defined geographic area to remain 1738 in their respective residences; and 1739 (b) may include exceptions for certain essential tasks. 1740 (16) "Threat to public health" means a situation where a dangerous public health condition 1741 could spread to other individuals. 1742 (17) "Subject to restriction" as applied to an individual, or a group of individuals, means the 1743 individual or group of individuals could create a threat to public health. 1744 Section 25. Section **26B-8-115** is amended to read: 1745 **26B-8-115**. Fetal death certificate -- Filing and registration requirements. 1746 (1)(a) A fetal death certificate shall be filed for each fetal death which occurs in this 1747 state. 1748 (b) The certificate shall be filed within five days after delivery with the local registrar or 1749 as otherwise directed by the state registrar. 1750 (c) The certificate shall be registered if it is completed and filed in accordance with this 1751 part. 1752 (2)(a) When a dead fetus is delivered in an institution, the institution administrator or his 1753 designated representative shall prepare and file the fetal death certificate. 1754 (b) The attending [physician, physician assistant, or certified nurse midwife] health care 1755 professional shall state in the certificate the cause of death and sign the certificate. 1756 (3) When a dead fetus is delivered outside an institution, the physician or certified nurse 1757 midwife] health care professional in attendance at or immediately after delivery shall 1758 complete, sign, and file the fetal death certificate. 1759 (4) When a fetal death occurs without medical attendance at or immediately after the 1760 delivery or when inquiry is required by Part 2, Utah Medical Examiner[,]: 1761 (a) the medical examiner shall investigate the cause of death; and 1762 (b) the medical examiner or a certified pathologist who performed the fetal autopsy shall

1763	prepare and file the certificate of fetal death within five days after [taking] the medical
1764	examiner takes charge of the case.
1765	(5)(a) When a fetal death occurs in a moving conveyance and the dead fetus is first
1766	removed from the conveyance in this state or when a dead fetus is found in this state
1767	and the place of death is unknown, the death shall be registered in this state.
1768	(b) The place where the dead fetus was first removed from the conveyance or found
1769	shall be considered the place of death.
1770	(6) Final disposition of the dead fetus may not be made until the fetal death certificate has
1771	been registered.
1772	Section 26. Section <b>26B-8-118</b> is amended to read:
1773	26B-8-118 . Certificate of early term stillbirth.
1774	(1) As used in this section, "early term stillborn child" means a product of human
1775	conception, other than in the circumstances described in Subsection 76-7-301(1), that:
1776	(a) is of at least 16 weeks' gestation but less than 20 weeks' gestation, calculated from
1777	the day on which the mother's last normal menstrual period began to the day of
1778	delivery; and
1779	(b) is not born alive.
1780	(2) The state registrar shall issue a certificate of early term stillbirth to a parent of an early
1781	term stillborn child if:
1782	(a) the parent requests, on a form created by the state registrar, that the state registrar
1783	register and issue a certificate of early term stillbirth for the early term stillborn child;
1784	and
1785	(b) the parent files with the state registrar:
1786	(i)(A) a signed statement from a [physician, or physician assistant if a physician is
1787	not in attendance at the delivery,] health care professional confirming the
1788	delivery of the early term stillborn child; or
1789	(B) an accurate copy of the parent's medical records related to the early term
1790	stillborn child; and
1791	(ii) any other record the state registrar determines, by rule made in accordance with
1792	Title 63G, Chapter 3, Utah Administrative Rulemaking Act, is necessary for
1793	accurate recordkeeping.
1794	(3) The certificate of early term stillbirth described in Subsection (2) shall meet all of the
1795	format and filing requirements of Section 26B-8-103.
1796	(4) A person who prepares a certificate of early term stillbirth under this section shall leave

1797	blank any references to an early term stillborn child's name if the early term stillborn
1798	child's parent does not wish to provide a name for the early term stillborn child.
1799	Section 27. Section <b>26B-9-104</b> is amended to read:
1800	26B-9-104 . Duties of the Office of Recovery Services.
1801	(1) The office has the following duties:
1802	(a) except as provided in Subsection (2), to provide child support services if:
1803	(i) the office has received an application for child support services;
1804	(ii) the state has provided public assistance; or
1805	(iii) a child lives out of the home in the protective custody, temporary custody, or
1806	custody or care of the state;
1807	(b) for the purpose of collecting child support, to carry out the obligations of the
1808	department contained in:
1809	(i) this chapter;
1810	(ii) Title 78B, Chapter 14, Utah Uniform Interstate Family Support Act;
1811	(iii) Title 78B, Chapter 15, Utah Uniform Parentage Act; and
1812	(iv) Title 81, Chapter 6, Child Support;
1813	(c) to collect money due the department which could act to offset expenditures by the
1814	state;
1815	(d) to cooperate with the federal government in programs designed to recover health and
1816	social service funds;
1817	(e) to collect civil or criminal assessments, fines, fees, amounts awarded as restitution,
1818	and reimbursable expenses owed to the state or any of its political subdivisions, if the
1819	office has contracted to provide collection services;
1820	(f) to implement income withholding for collection of child support in accordance with
1821	Part 3, Income Withholding in IV-D Cases;
1822	(g) to enter into agreements with financial institutions doing business in the state to
1823	develop and operate, in coordination with such financial institutions, a data match
1824	system in the manner provided for in Section 26B-9-208;
1825	(h) to establish and maintain the state case registry in the manner required by the Social
1826	Security Act, 42 U.S.C. Sec. 654a, which shall include a record in each case of:
1827	(i) the amount of monthly or other periodic support owed under the order, and other
1828	amounts, including arrearages, interest, late payment penalties, or fees, due or
1829	overdue under the order;
1830	(ii) any amount described in Subsection (1)(h)(i) that has been collected;

1831	(iii) the distribution of collected amounts;
1832	(iv) the birth date of any child for whom the order requires the provision of support;
1833	and
1834	(v) the amount of any lien imposed with respect to the order pursuant to this part;
1835	(i) to contract with the Department of Workforce Services to establish and maintain the
1836	new hire registry created under Section 35A-7-103;
1837	(j) to determine whether an individual who has applied for or is receiving cash assistance
1838	or Medicaid is cooperating in good faith with the office as required by Section
1839	26B-9-213;
1840	(k) to finance any costs incurred from collections, fees, General Fund appropriation,
1841	contracts, and federal financial participation;[-and]
1842	(1) to provide notice to a noncustodial parent in accordance with Section 26B-9-207 of
1843	the opportunity to contest the accuracy of allegations by a custodial parent of
1844	nonpayment of past-due child support, prior to taking action against a noncustodial
1845	parent to collect the alleged past-due support[ $-$ ];
1846	(m) to review the child support guidelines, as that term is defined in Section 81-6-101, to
1847	ensure the application of the guidelines results in the determination of appropriate
1848	child support award amounts; and
1849	(n) to submit to the Judiciary Interim Committee, in accordance with Section 68-3-14, a
1850	summary of the review described in Subsection (1)(m) on or before October 1, 2025,
1851	and every four years thereafter on or before October 1.
1852	(2) The office may not provide child support services to the Division of Child and Family
1853	Services for a calendar month when the child to whom the child support services relate
1854	is:
1855	(a) in the custody of the Division of Child and Family Services; and
1856	(b) lives in the home of a custodial parent of the child for more than seven consecutive
1857	days, regardless of whether:
1858	(i) the greater than seven consecutive day period starts during one month and ends in
1859	the next month; and
1860	(ii) the child is living in the home on a trial basis.
1861	(3) The Division of Child and Family Services is not entitled to child support, for a child to
1862	whom the child support relates, for a calendar month when child support services may
1863	not be provided under Subsection (2).
1864	(4) To conduct the review described in Subsection $(1)(m)$ , the office may consider input

1865		from the Judicial Council, members of the Utah State Bar Association representing
1866		attorneys who practice family law, individuals with economic expertise, and other
1867		interested parties.
1868		Section 28. Section <b>53-22-102</b> is amended to read:
1869		53-22-102 . State security chief Creation Appointment.
1870	(1)	There is created within the department a state security chief.
1871	(2)	The state security chief:
1872		(a) is appointed by the commissioner with the approval of the governor;
1873		(b) is subject to the supervision and control of the commissioner;
1874		(c) may be removed at the will of the commissioner;
1875		(d) shall be qualified by experience and education to:
1876		(i) enforce the laws of this state relating to school safety;
1877		(ii) perform duties prescribed by the commissioner; and
1878		(iii) enforce rules made under this chapter.
1879	(3)	The state security chief shall:
1880		(a) establish building and safety standards for all public and private schools, including:
1881		(i) coordinating with the State Board of Education to establish the required minimum
1882		safety and security standards for all public and private school facilities, including:
1883		(A) limited entry points, including, if applicable, secured entry points for specific
1884		student grades or groups;
1885		(B) video surveillance of entrances when school is in session;
1886		(C) ground level windows protected by security film or ballistic windows;
1887		(D) internal classroom door locks;
1888		(E) bleed kits and first aid kits;
1889		(F) exterior cameras on entrances, parking areas, and campus grounds; and
1890		(G) fencing around playgrounds;
1891		(ii) establishing a schedule or timeline for existing buildings to come into compliance
1892		with this section;
1893		(iii) creating a process to examine plans and specifications for construction or
1894		remodeling of a school building, in accordance with Section 53E-3-706;
1895		(iv) recommending to the commissioner the denial or revocation a public or private
1896		school's occupancy permit for a building if:
1897		(A) the building does not meet the standards established in this section; and
1898		(B) after consultation with the local governing board, the building remains

1899	non-compliant with the standards established in this section;
1900	(v) creating minimum standards for radio communication equipment in every school;
1901	and
1902	(vi) establishing a process to approve the safety and security criteria the state
1903	superintendent of public instruction establishes for building inspectors described
1904	in Section 53E-3-706;
1905	(b) oversee the implementation of the school safety personnel requirements described in
1906	Section 53G-8-701.5, including:
1907	(i) in consultation with a county security chief, overseeing the school guardian
1908	program described in Section 53-22-105, including approving and coordinating
1909	the relevant training programs;
1910	(ii) establishing an application process for approved alternatives to the school safety
1911	personnel requirements described in Section 53G-8-701.5;
1912	(iii) selecting training requirements for school safety and security specialists in
1913	consultation with the State Board of Education as described in Section
1914	53G-8-701.6;
1915	(iv) as required by Section 53G-8-701.8, tracking each school safety and security
1916	director for a local education agency and ensuring that the contact information for
1917	the school safety and security directors is readily available to the local law
1918	enforcement agency of relevant jurisdiction; and
1919	(v) reviewing and approving the State Board of Education's school resource officer
1920	training program as described in Section 53G-8-702;
1921	(c) oversee the creation of school safety trainings, protocols, and incident responses,
1922	including:
1923	(i) in consultation with the State Board of Education, defining what constitutes an
1924	"active threat" and "developmentally appropriate" for purposes of the emergency
1925	response training described in Section 53G-8-803;
1926	(ii) in consultation with the Office of Substance [Abuse] Use and Mental Health,
1927	establishing or selecting an adolescent mental health and de-escalation training for
1928	school safety personnel;
1929	(iii) consulting with the School Safety Center to develop the model critical incident
1930	response that all schools and law enforcement will use during a threat, including:
1931	(A) standardized response protocol terminology for use throughout the state,
1932	including what constitutes a threat;

1933	(B) protocols for planning and safety drills, including drills required in a school
1934	before the school year begins;
1935	(C) integration and appropriate use of a panic alert device described in Subsection
1936	53G-8-805;
1937	(D) the establishment of incident command for a threat or safety incident,
1938	including which entity and individual runs the incident command;
1939	(E) the required components for a communication plan to be followed during an
1940	incident or threat;
1941	(F) reunification plan protocols, including the appropriate design and use of an
1942	incident command by others responding to or involved in an incident; and
1943	(G) recommendations for safety equipment for schools, including amounts and
1944	types of first aid supplies;
1945	(iv) reviewing and suggesting any changes to the response plans and training under
1946	Section 53G-8-803;
1947	(v) creating the official standard response protocol described in Section 53G-8-803
1948	for use by schools and law enforcement for school safety incidents; and
1949	(vi) establishing a manner for any security personnel described in Section
1950	53G-8-701.5 to be quickly identified by law enforcement during an incident;
1951	(d) in consultation with the School Safety Center established in Section 53G-8-802:
1952	(i) create a process to receive and analyze the school safety needs assessments
1953	described in Section 53G-8-701.5; and
1954	(ii) establish a required data reporting system for public schools to report serious and
1955	non-serious threats and other data related to threat assessment that the state
1956	security chief determines to be necessary; and
1957	(e) fulfill any other duties and responsibilities determined by the commissioner.
1958	(4) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
1959	department, in consultation with the state security chief, shall make rules to fulfill the
1960	duties described in this section.
1961	(5) The state security chief may delegate duties under this section to a sworn department
1962	member with the approval of the commissioner.
1963	Section 29. Section <b>53-22-104.2</b> is amended to read:
1964	53-22-104.2 . The School Security Task Force Education Advisory Board.
1965	(1) There is created an advisory board to the task force called the Education Advisory
1966	Board.

1967	(2) The advisory board shall consist of the following members:
1968	(a) the state security chief, who acts as chair of the advisory board;
1969	(b) the construction and facility specialist at the State Board of Education;
1970	(c) a superintendent from a county of the fourth, fifth, or sixth class, whom the state
1971	security chief selects;
1972	(d) a superintendent from a county of the first, second, or third class, whom the state
1973	security chief selects;
1974	(e) a charter school director from a county of the fourth, fifth, or sixth class, whom the
1975	state security chief selects;
1976	(f) a charter school director from a county of the first, second, or third class, whom the
1977	state security chief selects;
1978	(g) the president of the Utah School Boards Association or the president's designee;
1979	(h) a parent representative from a school community council or parent teacher
1980	organization, whom the state security chief selects;
1981	(i) a facilities manager from an LEA in a county of the fourth, fifth, or sixth class, whom
1982	the state security chief selects;
1983	(j) a facilities manager from an LEA in county of the first, second, or third class, whom
1984	the state security chief selects;
1985	(k) a representative of private schools, whom the state security chief selects; and
1986	(1) a member of the Office of Substance [Abuse] Use and Mental Health, whom the state
1987	security chief selects.
1988	(3) The advisory board's purpose is to:
1989	(a) review and provide input on official business of the task force;
1990	(b) provide recommendations and suggestions for the task force's consideration; and
1991	(c) study and evaluate the policies, procedures, and programs implemented for school
1992	safety and provide proactive information regarding the implementation.
1993	(4)(a) A majority of the members of the advisory board constitutes a quorum.
1994	(b) The action of a majority of a quorum constitutes an action of the advisory board.
1995	(5)(a) The advisory board shall select two members to serve as co-chairs.
1996	(b) The co-chairs are responsible for the call and conduct of meetings.
1997	(6) The staff of the state security chief shall provide staff for the advisory board.
1998	(7) A member of the advisory board who is not a legislator may not receive compensation
1999	for the member's work associated with the task force but may receive per diem and
2000	reimbursement for travel expenses incurred as a member of the task force at the rates

2001	established by the Division of Finance under:
2002	(a) Sections 63A-3-106 and 63A-3-107; and
2003	(b) rules made by the Division of Finance in accordance with Sections 63A-3-106 and
2004	63A-3-107.
2005	Section 30. Section <b>53-22-105</b> is amended to read:
2006	53-22-105 . School guardian program.
2007	(1) As used in this section:
2008	(a) "Annual training" means an annual four-hour training that:
2009	(i) a county security chief or a designee administers;
2010	(ii) the state security chief approves;
2011	(iii) can be tailored to local needs;
2012	(iv) allows an individual to practice and demonstrate firearms proficiency at a
2013	firearms range using the firearm the individual carries for self defense and defense
2014	of others;
2015	(v) includes the following components:
2016	(A) firearm safety, including safe storage of a firearm;
2017	(B) de-escalation tactics;
2018	(C) the role of mental health in incidents; and
2019	(D) disability awareness and interactions; and
2020	(vi) contains other training needs as determined by the state security chief.
2021	(b) "Biannual training" means a twice-yearly training that:
2022	(i) is at least four hours, unless otherwise approved by the state security chief;
2023	(ii) a county security chief or a designee administers;
2024	(iii) the state security chief approves;
2025	(iv) can be tailored to local needs;[-and]
2026	(v) through which a school guardian at a school or simulated school environment:
2027	(A) receives training on the specifics of the building or buildings of the school,
2028	including the location of emergency supplies and security infrastructure; and
2029	(B) participates in a live-action practice plan with school administrators in
2030	responding to active threats at the school; and
2031	(vi) shall be taken with at least three months in between the two trainings.
2032	(c) "Firearm" means the same as that term is defined in Section 76-10-501.
2033	(d) "Initial training" means an in-person training that:
2034	(i) a county security chief or a designee administers;

2035	(ii) the state security chief approves;
2036	(iii) can be tailored to local needs; and
2037	(iv) provides:
2038	(A) training on general familiarity with the types of firearms that can be concealed
2039	for self-defense and defense of others;
2040	(B) training on the safe loading, unloading, storage, and carrying of firearms in a
2041	school setting;
2042	(C) training at a firearms range with instruction regarding firearms fundamentals,
2043	marksmanship, the demonstration and explanation of the difference between
2044	sight picture, sight alignment, and trigger control, and a recognized pistol
2045	course;
2046	(D) current laws dealing with the lawful use of a firearm by a private citizen,
2047	including laws on self-defense, defense of others, transportation of firearms,
2048	and concealment of firearms;
2049	(E) coordination with law enforcement officers in the event of an active threat;
2050	(F) basic trauma first aid;
2051	(G) the appropriate use of force, emphasizing the de-escalation of force and
2052	alternatives to using force; and
2053	(H) situational response evaluations, including:
2054	(I) protecting and securing a crime or accident scene;
2055	(II) notifying law enforcement;
2056	(III) controlling information; and
2057	(IV) other training that the county sheriff, designee, or department deems
2058	appropriate.
2059	(e) "Program" means the school guardian program created in this section.
2060	(f)(i) "School employee" means an employee of a school whose duties and
2061	responsibilities require the employee to be physically present at a school's campus
2062	while school is in session.
2063	(ii) "School employee" does not include a principal, teacher, or individual whose
2064	primary responsibilities require the employee to be primarily present in a
2065	classroom to teach, care for, or interact with students, unless:
2066	(A) the principal, teacher, or individual is employed at a school with 100 or fewer
2067	students;
2068	(B) the principal, teacher, or individual is employed at a school with adjacent

2069	campuses as determined by the state security chief; or
2070	(C) as provided in Subsection 53G-8-701.5(3).
2071	(g) "School guardian" means a school employee who meets the requirements of
2072	Subsection (3).
2073	(2)(a)(i) There is created within the department the school guardian program $[;]$ .
2074	(ii) [the] The state security chief shall oversee the school guardian program[;].
2075	(iii) [the] The applicable county security chief shall administer the school guardian
2076	program in each county.
2077	(b) The state security chief shall ensure that the school guardian program includes:
2078	(i) initial training;
2079	(ii) biannual training; and
2080	(iii) annual training.
2081	(c) A county sheriff may partner or contract with:
2082	(i) another county sheriff to support the respective county security chiefs in jointly
2083	administering the school guardian program in the relevant counties; and
2084	(ii) a local law enforcement agency of relevant jurisdiction to provide the:
2085	(A) initial training;
2086	(B) biannual training; and
2087	(C) annual training.
2088	(3)(a) A school employee that volunteers to participate is eligible to join the program as
2089	a school guardian if:
2090	(i) the school administrator approves the volunteer school employee to be designated
2091	as a school guardian;
2092	(ii) the school employee satisfactorily completes initial training within six months
2093	before the day on which the school employee joins the program;
2094	(iii) the school employee holds a valid concealed carry permit issued under Title 53,
2095	Chapter 5, Part 7, Concealed Firearm Act;
2096	(iv) the school employee certifies to the sheriff of the county where the school is
2097	located that the school employee has undergone the training in accordance with
2098	Subsection (3)(a)(ii) and intends to serve as a school guardian; and
2099	(v) the school employee successfully completes a mental health screening selected by
2100	the state security chief in collaboration with the Office of Substance [Abuse] Use
2101	and Mental Health established in Section 26B-5-102.
2102	(b) After joining the program a school guardian shall complete annual training and

2103	biannual training to retain the designation of a school guardian in the program.
2104	(4) The state security chief shall:
2105	(a) for each school that participates in the program, track each school guardian at the
2106	school by collecting the photograph and the name and contact information for each
2107	guardian;
2108	(b) make the information described in Subsection (4)(a) readily available to each law
2109	enforcement agency in the state categorized by school; and
2110	(c) provide each school guardian with a one-time stipend of \$500.
2111	(5) A school guardian:
2112	(a) may store the school guardian's firearm on the grounds of a school only if:
2113	(i) the firearm is stored in a biometric gun safe;
2114	(ii) the biometric gun safe is located in the school guardian's office; and
2115	(iii) the school guardian is physically present on the grounds of the school while the
2116	firearm is stored in the safe;
2117	(b) shall carry the school guardian's firearm in a concealed manner; and
2118	(c) may not, unless during an active threat, display or open carry a firearm while on
2119	school grounds.
2120	(6) Except as provided in Subsection (5)(c), this section does not prohibit an individual who
2121	has a valid concealed carry permit but is not participating in the program from carrying a
2122	firearm on the grounds of a public school or charter school under Subsection 76-10-505.5
2123	(4).
2124	(7) A school guardian:
2125	(a) does not have authority to act in a law enforcement capacity; and
2126	(b) may, at the school where the school guardian is employed:
2127	(i) take actions necessary to prevent or abate an active threat; and
2128	(ii) temporarily detain an individual when the school guardian has reasonable cause
2129	to believe the individual has committed or is about to commit a forcible felony, as
2130	that term is defined in Section 76-2-402.
2131	(8) A school may designate a single volunteer or multiple volunteers to participate in the
2132	school guardian program to satisfy the school safety personnel requirements of Section
2133	53G-8-701.5.
2134	(9) The department may adopt, according to Title 63G, Chapter 3, Utah Administrative
2135	Rulemaking Act, rules to administer this section.
2136	(10) A school guardian who has active status in the guardian program is not liable for any

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2137 civil damages or penalties if the school guardian: 2138 (a) when carrying or storing a firearm: 2139 (i) is acting in good faith; and 2140 (ii) is not grossly negligent; or 2141 (b) threatens, draws, or otherwise uses a firearm reasonably believing the action to be 2142 necessary in compliance with Section 76-2-402. 2143 (11) A school guardian shall file a report described in Subsection (12) if, during the 2144 performance of the school guardian's duties, the school guardian points a firearm at an 2145 individual. 2146 (12)(a) A report described in Subsection (11) shall include: 2147 (i) a description of the incident; 2148 (ii) the identification of the individuals involved in the incident; and 2149 (iii) any other information required by the state security chief. 2150 (b) A school guardian shall submit a report required under Subsection (11) to the school 2151 administrator, school safety and security director, and the state security chief within 2152 48 hours after the incident. 2153 (c) The school administrator, school safety and security director, and the state security 2154 chief shall consult and review the report submitted under Subsection (12)(b). 2155 (13) The requirements of Subsections (11) and (12) do not apply to a training exercise. 2156 (14) A school guardian may have the designation of school guardian revoked at any time by 2157 the school principal, county sheriff, or state security chief. 2158 (15)(a) Any information or record created detailing a school guardian's participation in 2159 the program is: 2160 (i) a private, controlled, or protected record under Title 63G, Chapter 2, Government 2161 Records Access and Management Act; and 2162 (ii) available only to: 2163 (A) the state security chief; 2164 (B) administrators at the school guardian's school; 2165 (C) if applicable, other school safety personnel described in Section 53G-8-701.5; 2166 (D) a local law enforcement agency that would respond to the school in case of an 2167 emergency; and 2168 (E) the individual designated by the county sheriff in accordance with Section 2169 53-22-103 of the county of the school where the school guardian in the 2170 program is located.

2171	(b) The information or record described in Subsection (15)(a) includes information
2172	related to the school guardian's identity and activity within the program as described
2173	in this section and any personal identifying information of a school guardian
2174	participating in the program collected or obtained during initial training, annual
2175	training, and biannual training.
2176	(c) An individual who intentionally or knowingly provides the information described in
2177	Subsection (15)(a) to an individual or entity not listed in Subsection (15)(a)(ii) is
2178	guilty of a class B misdemeanor.
2179	Section 31. Section <b>53G-8-701.6</b> is amended to read:
2180	53G-8-701.6 . School safety and security specialist.
2181	(1) As used in this section, "principal" means the chief administrator at a public school,
2182	including:
2183	(a) a school principal;
2184	(b) a charter school director; or
2185	(c) the superintendent of the Utah Schools for the Deaf and the Blind.
2186	(2)(a) Subject to Subsection (2)(b) and except as provided in Subsection 53G-8-701.5(3),
2187	every campus within an LEA shall designate a school safety and security specialist
2188	from the employees of the relevant campus.
2189	(b) The school safety and security specialist:
2190	(i) may not be a principal; and
2191	(ii) may be the school safety and security director at one campus within the LEA.
2192	(3) The school safety and security specialist shall:
2193	(a) report directly to the principal;
2194	(b) oversee school safety and security practices to ensure a safe and secure school
2195	environment for students and staff;
2196	(c) ensure adherence with all policies, procedures, protocols, rules, and regulations
2197	relating to school safety and security through collaborating and maintaining effective
2198	communications with the following as applicable:
2199	(i) the principal;
2200	(ii) school staff;
2201	(iii) the school resource officer;
2202	(iv) the armed school security guard;
2203	(v) the school guardian;
2204	(vi) local law enforcement;

2205	(vii) the county security chief;
2206	(viii) the school safety and security director;
2207	(ix) the LEA; and
2208	(x) school-based behavioral and mental health professionals;
2209	(d) in collaboration with the county security chief or designee described in Section
2210	53-22-103:
2211	(i) conduct the school safety needs assessment described in Section 53G-8-701.5; and
2212	(ii) conduct a building safety evaluation at least annually using the results of the
2213	school safety needs assessment to recommend and implement improvements to
2214	school facilities, policies, procedures, protocols, rules, and regulations relating to
2215	school safety and security;
2216	(e) if the specialist is also an employee of an LEA, participate on the multidisciplinary
2217	team that the LEA establishes;
2218	(f) conduct a behavioral threat assessment when the school safety and security specialist
2219	deems necessary using an evidence-based tool the state security chief recommends in
2220	consultation with the school safety center and the Office of Substance [Abuse] Use
2221	and Mental Health;
2222	(g) regularly monitor and report to the principal, local law enforcement, and, if
2223	applicable, the LEA superintendent or designee, security risks for the school resulting
2224	from:
2225	(i) issues with school facilities; or
2226	(ii) the implementation of practices, policies, procedures, and protocols relating to
2227	school safety and security;
2228	(h) coordinate with local first responder agencies to implement and monitor safety and
2229	security drills in accordance with policy and applicable procedures and protocols;
2230	(i) ensure that school staff, and, when appropriate, students, receive training on and
2231	remain current on the school's safety and security procedures and protocols;
2232	(j) following an event where security of the school has been significantly compromised,
2233	organize a debriefing with the individuals listed in Subsection (3)(c) regarding
2234	strengthening school safety and security practices, policies, procedures, and protocols;
2235	(k) abide by any LEA, school, or law enforcement agency policy outlining the chain of
2236	command;
2237	(1) during an emergency, coordinate with the following individuals as applicable, the:
2238	(i) school resource officer;

2239	(ii) school guardians;
2240	(iii) armed school security guards;
2241	(iv) school administrators; and
2242	(v) responding law enforcement officers;
2243	(m) follow any LEA, school, or law enforcement agency student privacy policies,
2244	including state and federal privacy laws;
2245	(n) participate in an annual training the state security chief selects in consultation with
2246	the School Safety Center; and
2247	(o) remain current on:
2248	(i) a comprehensive school guideline the state security chief selects;
2249	(ii) the duties of a school safety and security specialist described in this Subsection (3);
2250	and
2251	(iii) the school's emergency response plan.
2252	(4) During an active emergency at the school, the school safety and security specialist is
2253	subordinate to any responding law enforcement officers.
2254	Section 32. Section 63I-1-281 is amended to read:
2255	63I-1-281 . Repeal dates: Title 81.
2256	Title 81, Chapter 6, Part 4, Child Support Guidelines Advisory Committee, is repealed [
2257	July 1, 2026] May 7, 2025.
2258	Section 33. Section 80-2-709 is amended to read:
2259	80-2-709 . Division access to criminal background information for background
2260	screening and investigation.
2261	(1) The division shall have direct access to criminal background information maintained
2262	under Title 53, Chapter 10, Part 2, Bureau of Criminal Identification, for the purpose of:
2263	(a) background screening under this chapter, Chapter 2a, Removal and Protective
2264	Custody of a Child, or Chapter 3, Abuse, Neglect, and Dependency Proceedings,
2265	including background screening of an individual who has direct access, as defined in
2266	Section [ <del>62A-2-101</del> ] <u>26B-2-101</u> , to a minor:
2267	(i) who is alleged to be or has been abused, neglected, or dependent; and
2268	(ii) for whom the division has an open case; or
2269	(b) investigation of abuse or neglect under this chapter, Chapter 2a, Removal and
2270	Protective Custody of a Child, or Chapter 3, Abuse, Neglect, and Dependency
2271	Proceedings.
2272	(2) Except as provided in Section 80-3-305, the division and the Office of Guardian Ad

- 2273 Litem are authorized to request the Department of Public Safety to conduct a complete
- 2274 Federal Bureau of Investigation criminal background check through the national
- criminal history system (NCIC).
- 2276 Section 34. **Repealer.**
- 2277 This bill repeals:
- 2278 Section **26B-7-102**, **Director of family health services programs**.
- 2279 Section 35. Effective Date.
- 2280 This bill takes effect on May 7, 2025.