

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:

LONG TITLE

General Description:

This bill amends provisions related to the Department of Health and Human Services.

Highlighted Provisions:

This bill:

- defines terms;
- repeals outdated language;
- updates code references;
- provides that the Department of Health and Human Services (department) may examine and audit the expenditures of public funds provided to a local health department;
- addresses the required qualifications for the department's executive director and deputy directors;
- updates the name of a division and an office within the department;
- provides that the executive director of the department may create committees within the department, 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;
- adds additional items to the list of duties of the department;
- updates language to be consistent with the transfer of certain emergency medical services responsibilities from the department to the Department of Public Safety;
- addresses the administration of stock albuterol by a qualified adult;
- updates references from "targeted case management" to "case managers";
- allows the Office of Public Guardian to have access to certain documents and information, including private, controlled, or protected information, when reasonably necessary to fulfill the office's duties and responsibilities;
- provides that the Division of Services for People with Disabilities must determine the

- 29 most appropriate, least restrictive setting for an individual with an intellectual disability
30 within the division's system;
- 31 ▶ amends provisions regarding fetal death certificates and certificates of early term stillbirth;
 - 32 ▶ updates code references to reflect the current name of the Office of Substance Use and
33 Mental Health within the department;
 - 34 ▶ requires the Office of Recovery Services to review child support guidelines and submit a
35 summary of the review to the Judiciary Interim Committee; and
 - 36 ▶ makes technical and conforming changes.

37 **Money Appropriated in this Bill:**

38 None

39 **Other Special Clauses:**

40 None

41 **Utah Code Sections Affected:**

42 AMENDS:

- 43 **26B-1-201**, as last amended by Laws of Utah 2022, Chapter 255
- 44 **26B-1-202**, as last amended by Laws of Utah 2024, Chapter 506
- 45 **26B-1-203**, as renumbered and amended by Laws of Utah 2022, Chapter 255
- 46 **26B-1-204**, as last amended by Laws of Utah 2024, Chapters 240, 404 and 506
- 47 **26B-1-211**, as renumbered and amended by Laws of Utah 2022, Chapter 255
- 48 **26B-1-213**, as renumbered and amended by Laws of Utah 2022, Chapter 255
- 49 **26B-1-216**, as last amended by Laws of Utah 2024, Chapter 106
- 50 **26B-1-219**, as last amended by Laws of Utah 2024, Chapter 178
- 51 **26B-1-235**, as renumbered and amended by Laws of Utah 2023, Chapter 305
- 52 **26B-1-334**, as enacted by Laws of Utah 2023, Chapter 325
- 53 **26B-3-804**, as renumbered and amended by Laws of Utah 2023, Chapter 306
- 54 **26B-4-301**, as last amended by Laws of Utah 2024, Chapter 261
- 55 **26B-4-406**, as renumbered and amended by Laws of Utah 2023, Chapter 307
- 56 **26B-4-409**, as last amended by Laws of Utah 2024, Chapter 311
- 57 **26B-4-501**, as last amended by Laws of Utah 2024, Chapter 257
- 58 **26B-5-101**, as last amended by Laws of Utah 2024, Chapters 240, 420
- 59 **26B-5-102**, as last amended by Laws of Utah 2024, Chapters 250, 420
- 60 **26B-5-315**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- 61 **26B-5-319**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- 62 **26B-5-331**, as last amended by Laws of Utah 2024, Chapter 299

63 **26B-5-609**, as last amended by Laws of Utah 2024, Third Special Session, Chapter 5

64 **26B-6-210**, as last amended by Laws of Utah 2024, Chapter 147

65 **26B-6-304**, as last amended by Laws of Utah 2024, Chapter 250

66 **26B-6-602**, as renumbered and amended by Laws of Utah 2023, Chapter 308

67 **26B-7-301**, as last amended by Laws of Utah 2024, Chapters 152, 283

68 **26B-8-115**, as last amended by Laws of Utah 2024, Chapters 113, 295

69 **26B-8-118**, as last amended by Laws of Utah 2024, Chapter 113

70 **26B-9-104**, as last amended by Laws of Utah 2024, Chapter 366

71 **53-22-102**, as last amended by Laws of Utah 2024, Chapter 21

72 **53-22-104.2**, as enacted by Laws of Utah 2024, Chapter 21

73 **53-22-105**, as enacted by Laws of Utah 2024, Chapter 21

74 **53G-8-701.6**, as enacted by Laws of Utah 2024, Chapter 21

75 **63I-1-281**, as enacted by Laws of Utah 2024, Chapter 366

76 **80-2-709**, as renumbered and amended by Laws of Utah 2022, Chapter 334

77 REPEALS:

78 **26B-7-102**, as renumbered and amended by Laws of Utah 2023, Chapter 308

79

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

81 Section 1. Section **26B-1-201** is amended to read:

82 **26B-1-201 . Department of Health and Human Services -- Creation -- Duties.**

83 (1) There is created within state government the Department of Health and Human
84 Services, which has all of the policymaking functions, regulatory and enforcement
85 powers, rights, duties, and responsibilities outlined in this title and previously vested in
86 the Department of Health and the Department of Human Services.

87 (2) Subject to the limitation and grants of authority in state law, the department shall serve
88 as the health, health planning, medical assistance, and social services authority of the
89 state, and for administration of federally assisted state programs or plans is designated as
90 the sole state agency for:

91 (a) social service block grants;

92 (b) alcohol, drug, and mental health programs, including block grants;

93 (c) child welfare;

94 (d) state programs supported under the Older Americans Act, 42 U.S.C. Sec. 3001, et
95 seq.;

96 (e) public health;

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

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

165 ~~[(d)]~~ (iv) provisions for submittal of the plan and periodic progress reports to the court;
166 ~~[(18)]~~ (r) carry out the responsibilities assigned to the department by statute;
167 ~~[(19)]~~ (s) as further provided in Subsection (3), examine and audit the expenditures of
168 any public funds provided to a local health department, a local substance abuse
169 authority, a local mental health authority, a local area agency on aging, and any
170 person, agency, or organization that contracts with or receives funds from those
171 authorities or agencies~~[- Those local authorities, area agencies, and any person or~~
172 ~~entity that contracts with or receives funds from those authorities or area agencies,~~
173 ~~shall provide the department with any information the department considers~~
174 ~~necessary. The department is further authorized to issue directives resulting from any~~
175 ~~examination or audit to a local authority, an area agency, and persons or entities that~~
176 ~~contract with or receive funds from those authorities with regard to any public funds.~~
177 ~~If the department determines that it is necessary to withhold funds from a local~~
178 ~~mental health authority or local substance abuse authority based on failure to comply~~
179 ~~with state or federal law, policy, or contract provisions, the department may take~~
180 ~~steps necessary to ensure continuity of services. For purposes of this Subsection (19)~~
181 ~~"public funds" means the same as that term is defined in Section 26B-5-101];~~
182 ~~[(20)]~~ (t) in accordance with Subsection 26B-2-104(1)(d), accredit one or more agencies
183 and persons to provide intercountry adoption services;
184 ~~[(21)]~~ (u) within legislative appropriations, promote and develop a system of care and
185 stabilization services:
186 ~~[(a)]~~ (i) in compliance with Title 63G, Chapter 6a, Utah Procurement Code; and
187 ~~[(b)]~~ (ii) that encompasses the department, department contractors, and the divisions,
188 offices, or institutions within the department, to:
189 ~~[(i)]~~ (A) navigate services, funding resources, and relationships to the benefit of
190 the children and families whom the department serves;
191 ~~[(ii)]~~ (B) centralize department operations, including procurement and contracting;
192 ~~[(iii)]~~ (C) develop policies that govern business operations and that facilitate a
193 system of care approach to service delivery;
194 ~~[(iv)]~~ (D) allocate resources that may be used for the children and families served
195 by the department or the divisions, offices, or institutions within the
196 department, subject to the restrictions in Section 63J-1-206;
197 ~~[(v)]~~ (E) create performance-based measures for the provision of services; and
198 ~~[(vi)]~~ (F) centralize other business operations, including data matching and sharing

199 among the department's divisions, offices, and institutions;

200 [(22)] (v) ensure that any training or certification required of a public official or public
201 employee, as those terms are defined in Section 63G-22-102, complies with Title
202 63G, Chapter 22, State Training and Certification Requirements, if the training or
203 certification is required:

204 [(a)] (i) under this title;

205 [(b)] (ii) by the department; or

206 [(c)] (iii) by an agency or division within the department;

207 [(23)] (w) enter into cooperative agreements with the Department of Environmental
208 Quality to delineate specific responsibilities to assure that assessment and
209 management of risk to human health from the environment are properly administered;

210 [(24)] (x) consult with the Department of Environmental Quality and enter into
211 cooperative agreements, as needed, to ensure efficient use of resources and effective
212 response to potential health and safety threats from the environment, and to prevent
213 gaps in protection from potential risks from the environment to specific individuals
214 or population groups;

215 [(25)] (y) to the extent authorized under state law or required by federal law, promote and
216 protect the health and wellness of the people within the state;

217 [(26)] (z) establish, maintain, and enforce rules authorized under state law or required by
218 federal law to promote and protect the public health or to prevent disease and illness;

219 [(27)] (aa) investigate the causes of epidemic, infectious, communicable, and other
220 diseases affecting the public health;

221 [(28)] (bb) provide for the detection and reporting of communicable, infectious, acute,
222 chronic, or any other disease or health hazard which the department considers to be
223 dangerous, important, or likely to affect the public health;

224 [(29)] (cc) collect and report information on causes of injury, sickness, death, and
225 disability and the risk factors that contribute to the causes of injury, sickness, death,
226 and disability within the state;

227 [(30)] (dd) collect, prepare, publish, and disseminate information to inform the public
228 concerning the health and wellness of the population, specific hazards, and risks that
229 may affect the health and wellness of the population and specific activities which
230 may promote and protect the health and wellness of the population;

231 [(31)] (ee) abate nuisances when necessary to eliminate sources of filth and infectious
232 and communicable diseases affecting the public health;

- 233 [(32)] (ff) make necessary sanitary and health investigations and inspections in
234 cooperation with local health departments as to any matters affecting the public
235 health;
- 236 [(33)] (gg) establish laboratory services necessary to support public health programs and
237 medical services in the state;
- 238 [(34)] (hh) establish and enforce standards for laboratory services which are provided by
239 any laboratory in the state when the purpose of the services is to protect the public
240 health;
- 241 [(35)] (ii) cooperate with the Labor Commission to conduct studies of occupational
242 health hazards and occupational diseases arising in and out of employment in
243 industry, and make recommendations for elimination or reduction of the hazards;
- 244 [(36)] (jj) cooperate with the local health departments, the Department of Corrections,
245 the Administrative Office of the Courts, the Division of Juvenile Justice and Youth
246 Services, and the Utah Office for Victims of Crime to conduct testing for HIV
247 infection of alleged sexual offenders, convicted sexual offenders, and any victims of
248 a sexual offense;
- 249 [(37)] (kk) investigate the causes of maternal and infant mortality;
- 250 [(38)] (ll) establish, maintain, and enforce a procedure requiring the blood of adult
251 pedestrians and drivers of motor vehicles killed in highway accidents be examined
252 for the presence and concentration of alcohol, and provide the Commissioner of
253 Public Safety with monthly statistics reflecting the results of these examinations, with
254 necessary safeguards so that information derived from the examinations is not used
255 for a purpose other than the compilation of these statistics;
- 256 [(39)] (mm) establish qualifications for individuals permitted to draw blood under
257 Subsection 41-6a-523(1)(a)(vi), 53-10-405(2)(a)(vi), 72-10-502(5)(a)(vi), or
258 77-23-213(3)(a)(vi), and to issue permits to individuals the department finds
259 qualified, which permits may be terminated or revoked by the department;
- 260 [(40)] (nn) establish a uniform public health program throughout the state which includes
261 continuous service, employment of qualified employees, and a basic program of
262 disease control, vital and health statistics, sanitation, public health nursing, and other
263 preventive health programs necessary or desirable for the protection of public health;
- 264 [(41)] (oo) conduct health planning for the state;
- 265 [(42)] (pp) monitor the costs of health care in the state and foster price competition in the
266 health care delivery system;

267 ~~[(43)]~~ (qq) establish methods or measures for health care providers, public health entities,
 268 and health care insurers to coordinate among themselves to verify the identity of the
 269 individuals the providers serve;

270 ~~[(44)]~~ (rr) designate Alzheimer's disease and related dementia as a public health issue
 271 and, within budgetary limitations, implement a state plan for Alzheimer's disease and
 272 related dementia by incorporating the plan into the department's strategic planning
 273 and budgetary process;

274 ~~[(45)]~~ (ss) coordinate with other state agencies and other organizations to implement the
 275 state plan for Alzheimer's disease and related dementia;

276 ~~[(46)]~~ (tt) ensure that any training or certification required of a public official or public
 277 employee, as those terms are defined in Section 63G-22-102, complies with Title
 278 63G, Chapter 22, State Training and Certification Requirements, if the training or
 279 certification is required by the agency or under this Title 26B, Utah Health and
 280 Human Services Code;

281 ~~[(47)]~~ (uu) oversee public education vision screening as described in Section 53G-9-404;

282 ~~[(48)]~~ (vv) issue code blue alerts in accordance with Title 35A, Chapter 16, Part 7, Code
 283 Blue Alert; and

284 ~~[(49)]~~ (ww) as allowed by state and federal law, share data with the Office of Families
 285 that is relevant to the duties described in Subsection 26B-1-243(4), which may
 286 include, to the extent available:

287 ~~[(a)]~~ (i) demographic data concerning family structures in the state; and
 288 ~~[(b)]~~ (ii) data regarding the family structure associated with:

289 ~~[(i)]~~ (A) suicide, depression, or anxiety; and
 290 ~~[(ii)]~~ (B) various health outcomes.

291 (3)(a) Under Subsection (2)(s), those local departments, local authorities, area agencies,
 292 and any person or entity that contracts with or receives funds from those departments,
 293 authorities, or area agencies, shall provide the department with any information the
 294 department considers necessary.

295 (b) The department is further authorized to issue directives resulting from any
 296 examination or audit to a local department, local authority, an area agency, and
 297 persons or entities that contract with or receive funds from those departments,
 298 authorities, or agencies with regard to any public funds.

299 (c) If the department determines that it is necessary to withhold funds from a local health
 300 department, local mental health authority, or local substance abuse authority based on

301 failure to comply with state or federal law, policy, or contract provisions, the
 302 department may take steps necessary to ensure continuity of services.

303 Section 3. Section **26B-1-203** is amended to read:

304 **26B-1-203 . Executive director -- Appointment -- Compensation -- Qualifications**
 305 **-- Deputy directors required -- Responsibilities.**

306 (1)(a) The chief administrative officer of the department is the executive director, who
 307 shall be appointed by the governor with the advice and consent of the Senate.

308 (b) The executive director may be removed at the will of the governor.

309 (c) The executive director shall receive a salary established by the governor within the
 310 salary range fixed by the Legislature in Title 67, Chapter 22, State Officer
 311 Compensation.

312 (2) The executive director shall be experienced in administration, management, and
 313 coordination of complex organizations.

314 (3) ~~[If the executive director is not a physician, the]~~ The executive director or a deputy
 315 director shall:

316 (a) be informed and experienced in public health;

317 (b) have successfully completed at least a master's degree of public health or public
 318 administration from an accredited school of public health or from an accredited
 319 program of public health or public administration; and

320 (c)(i) have at least five years of professional full-time experience, of which at least
 321 two years have been in public health in a senior level administrative capacity; or

322 (ii) have at least five years of professional full-time experience in public health
 323 programs, of which at least three years have been in a senior level administrative
 324 capacity.

325 (4) ~~[The]~~ If the executive director is not a physician, the executive director shall appoint a
 326 deputy director of the department who~~[:]~~

327 ~~[(a) shall have successfully completed at least one year's graduate work in an accredited~~
 328 ~~school of public health or an accredited program of public health;]~~

329 ~~[(b) shall have at least five years of professional full-time experience in public health~~
 330 ~~programs; and]~~

331 ~~[(c)]~~ is a physician licensed to practice medicine in the state with experience in public
 332 health.

333 (5) The executive director is responsible for:

334 (a) administration and supervision of the department;

- 335 (b) coordination of policies and program activities conducted through the boards,
336 divisions, and offices of the department;
- 337 (c) approval of the proposed budget of each board, division, and office within the
338 department; and
- 339 (d) other duties as the Legislature or governor shall assign to the executive director.
- 340 (6) The executive director may appoint deputy or assistant directors to assist the executive
341 director in carrying out the department's responsibilities.

342 Section 4. Section **26B-1-204** is amended to read:

343 **26B-1-204 . Creation of boards, divisions, and offices -- Power to establish**
344 **committees.**

- 345 (1) The executive director shall make rules in accordance with Title 63G, Chapter 3, Utah
346 Administrative Rulemaking Act, and not inconsistent with law for:
- 347 (a) the administration and government of the department;
- 348 (b) the conduct of the department's employees; and
- 349 (c) the custody, use, and preservation of the records, papers, books, documents, and
350 property of the department.
- 351 (2) The following policymaking boards, councils, and committees are created within the
352 Department of Health and Human Services:
- 353 (a) Board of Aging and Adult Services;
- 354 (b) Utah State Developmental Center Board;
- 355 (c) Health Facility Committee;
- 356 (d) Health Data Committee;
- 357 (e) Child Care Provider Licensing Committee;
- 358 (f) Adult Autism Treatment Program Advisory Committee;
- 359 (g) Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee; and
- 360 (h) any boards, councils, or committees that are created by statute in this title.
- 361 (3) The following divisions and offices are created within the Department of Health and
362 Human Services:
- 363 (a) relating to operations:
- 364 (i) the Division of Finance and Administration;
- 365 (ii) the Division of Licensing and Background Checks;
- 366 (iii) the Division of Customer Experience;
- 367 (iv) the Division of Data, Systems, and Evaluation; and
- 368 (v) the Division of Continuous Quality and Improvement;

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

403 [~~(5) From July 1, 2022, through June 30, 2023, the executive director may adjust the~~
404 ~~organizational structure relating to the department, including the organization of the~~
405 ~~department's divisions and offices, notwithstanding the organizational structure~~
406 ~~described in this title.]~~

407 Section 5. Section **26B-1-211** is amended to read:

408 **26B-1-211 . Background checks for employees -- Access to abuse and neglect**
409 **information to screen employees and volunteers.**

410 (1) As used in this section, "bureau" means the Bureau of Criminal Identification created in
411 Section 53-10-201.

412 (2) Beginning July 1, 2018, the department may require a fingerprint-based local, regional,
413 and national criminal history background check and ongoing monitoring of:

414 (a) all staff, contracted employees, and volunteers who:

415 (i) have access to protected health information or personal identifying information;

416 (ii) have direct access to patients, children, or vulnerable adults as defined in Section
417 26B-2-101;

418 (iii) work in areas of privacy and data security;

419 (iv) handle financial information, including receipt of funds, reviewing invoices,
420 making payments, and other types of financial information; and

421 (v) perform audit functions, whether internal or external, on behalf of the department;
422 and

423 (b) job applicants who have been offered a position with the department and the job
424 requirements include those described in Subsection (2)(a).

425 (3) Beginning July 1, 2022, for the purposes described in Subsection (2), the department
426 may also access:

427 (a) the department's Management Information System created in Section 80-2-1001;

428 (b) the department's Licensing Information System created in Section 80-2-1002;

429 (c) the statewide database of the Division of Aging and Adult Services created by
430 Section 26B-6-210; ~~and~~

431 (d) juvenile court records under Subsection 80-3-404(4) ~~;~~ and

432 (e) licensing and certification records of individuals licensed or certified by the Division
433 of Professional Licensing under Title 58, Occupations and Professions.

434 (4) Each individual in a position listed in Subsection (2) shall provide a completed
435 fingerprint card to the department upon request.

436 (5) The department shall require that an individual required to submit to a background

- 437 check under Subsection (4) provide a signed waiver on a form provided by the
 438 department that meets the requirements of Subsection 53-10-108(4).
- 439 (6) For a noncriminal justice background search and registration in accordance with
 440 Subsection 53-10-108(13), the department shall submit to the bureau:
- 441 (a) the applicant's personal identifying information and fingerprints for a criminal
 442 history search of applicable local, regional, and national databases; and
 443 (b) a request for all information received as a result of the local, regional, and
 444 nationwide background check.
- 445 (7) The department is responsible for the payment of all fees required by Subsection
 446 53-10-108(15) and any fees required to be submitted to the Federal Bureau of
 447 Investigation by the bureau.
- 448 (8) The department may make rules in accordance with Title 63G, Chapter 3, Utah
 449 Administrative Rulemaking Act, that:
- 450 (a) determine how the department will assess the employment status of an individual
 451 upon receipt of background information;
- 452 (b) determine when an individual would be disqualified from holding a position based
 453 on:
- 454 (i) the type of crimes and the severity of those crimes; or
 455 (ii) one or more substantiated or supported findings of abuse, neglect, or exploitation;
 456 and
- 457 (c) identify the appropriate privacy risk mitigation strategy to be used in accordance
 458 with Subsection 53-10-108(13)(b).
- 459 Section 6. Section **26B-1-213** is amended to read:
- 460 **26B-1-213 . Department and committee rules and proceedings.**
- 461 (1)(a) Except in areas [-]subject to concurrence between the department and a committee
 462 created under this title[~~-, Title 26, Utah Health Code, or Title 62A, Utah Human~~
 463 ~~Services Code~~], the department shall have the power to adopt, amend, or rescind
 464 rules necessary to carry out the provisions of this title.
- 465 (b) If the adoption of rules under a provision of this title is subject to concurrence
 466 between the department and a committee created under this title and no concurrence
 467 can be reached, the department has final authority to adopt, amend, or rescind rules
 468 necessary to carry out the provisions of this title.
- 469 (c) When the provisions of this title require concurrence between the department and a
 470 committee created under this title:

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

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

539 (7) include an understanding of the impacted populations and supporting data in staff
540 training.

541 Section 8. Section **26B-1-219** is amended to read:

542 **26B-1-219 . Requirements for issuing, recommending, or facilitating rationing**
543 **criteria.**

544 (1) As used in this section:

545 (a) "Health care resource" means:

546 (i) health care as defined in Section 78B-3-403;

547 (ii) a prescription drug as defined in Section 58-17b-102;

548 (iii) a prescription device as defined in Section 58-17b-102;

549 (iv) a nonprescription drug as defined in Section 58-17b-102; or

550 (v) any supply or treatment that is intended for use in the course of providing health
551 care as defined in Section 78B-3-403.

552 (b)(i) "Rationing criteria" means any requirement, guideline, process, or
553 recommendation regarding:

554 (A) the distribution of a scarce health care resource; or

555 (B) qualifications or criteria for a person to receive a scarce health care resource.

556 (ii) "Rationing criteria" includes crisis standards of care with respect to any health
557 care resource.

558 (c) "Scarce health care resource" means a health care resource:

559 (i) for which the need for the health care resource in the state or region significantly
560 exceeds the available supply of that health care resource in that state or region;

561 (ii) that, based on the circumstances described in Subsection (1)(c)(i), is distributed

562 or provided using written requirements, guidelines, processes, or

563 recommendations as a factor in the decision to distribute or provide the health care
564 resource; and

565 (iii) that the federal government has allocated to the state to distribute.

566 (2)(a) On or before July 1, 2022, the department shall make rules in accordance with

567 Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish a procedure

568 that the department will follow to adopt, modify, require, facilitate, or recommend

569 rationing criteria.

570 (b) Beginning July 1, 2022, the department may not adopt, modify, require, facilitate, or

571 recommend rationing criteria unless the department follows the procedure established

572 by the department under Subsection (2)(a).

- 573 (3) The procedures developed by the department under Subsection (2) shall include, at a
 574 minimum:
- 575 (a) a requirement that the department notify the following individuals in writing before
 576 rationing criteria are issued, are recommended, or take effect:
- 577 (i) the Rules Review and General Oversight Committee created in Section 36-35-102;
 578 (ii) the governor or the governor's designee;
 579 (iii) the president of the Senate or the president's designee;
 580 (iv) the speaker of the House of Representatives or the speaker's designee;
 581 (v) the executive director or the executive director's designee; and
 582 (vi) if rationing criteria affect hospitals in the state, a representative of an association
 583 representing hospitals throughout the state, as designated by the executive
 584 director; and
- 585 (b) procedures for an emergency circumstance which shall include, at a minimum:
- 586 (i) a description of the circumstances under which emergency procedures described
 587 in this Subsection (3)(b) may be used; and
 588 (ii) a requirement that the department notify the individuals described in Subsections
 589 (3)(a)(i) through (vi) as soon as practicable, but no later than 48 hours after the
 590 rationing criteria take effect.
- 591 ~~[(4)(a) Within 30 days after March 22, 2022, the department shall send to the Rules~~
 592 ~~Review and General Oversight Committee all rationing criteria that:]~~
- 593 ~~[(i) were adopted, modified, required, facilitated, or recommended by the department~~
 594 ~~prior to March 22, 2022; and]~~
- 595 ~~[(ii) on March 22, 2022, were in effect and in use to distribute or qualify a person to~~
 596 ~~receive scarce health care resources.]~~
- 597 ~~[(b) During the 2022 interim, the Rules Review and General Oversight Committee shall,~~
 598 ~~under Subsection 36-35-102(3)(c), review each of the rationing criteria submitted by~~
 599 ~~the department under this Subsection (4).]~~
- 600 [(5)] (4) The requirements described in this section and rules made under this section shall
 601 apply regardless of whether rationing criteria:
- 602 (a) have the force and effect of law, or is solely advisory, informative, or descriptive;
 603 (b) are carried out or implemented directly or indirectly by the department or by other
 604 individuals or entities; or
 605 (c) are developed solely by the department or in collaboration with other individuals or
 606 entities.

607 ~~[(6)]~~ (5) This section:

- 608 (a) may not be suspended under Section 53-2a-209 or any other provision of state law
609 relating to a state of emergency;
- 610 (b) does not limit a private entity from developing or implementing rationing criteria; and
611 (c) does not require the department to adopt, modify, require, facilitate, or recommend
612 rationing criteria that the department does not determine to be necessary or
613 appropriate.

614 ~~[(7)]~~ (6) Subsection (2) does not apply to rationing criteria that are adopted, modified,
615 required, facilitated, or recommended by the department:

- 616 (a) through the regular, non-emergency rulemaking procedure described in Section
617 63G-3-301;
- 618 (b) if the modification is solely to correct a technical error in rationing criteria such as
619 correcting obvious errors and inconsistencies including those involving punctuation,
620 capitalization, cross references, numbering, and wording;
- 621 (c) to the extent that compliance with this section would result in a direct violation of
622 federal law;
- 623 (d) that are necessary for administration of the Medicaid program;
- 624 (e) if state law explicitly authorizes the department to engage in rulemaking to establish
625 rationing criteria; or
- 626 (f) if rationing criteria are authorized directly through a general appropriation bill that is
627 validly enacted.

628 Section 9. Section **26B-1-235** is amended to read:

629 **26B-1-235 . Request for proposal required for non-state supplied services.**

630 ~~[(1) As used in this section:]~~

631 ~~[(a) "AED" means the same as that term is defined in Section 26B-4-325.]~~

632 ~~[(b) "Office" means the Office of Emergency Medical Services and Preparedness within
633 the department.]~~

634 ~~[(e) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-325.]~~

635 ~~[(2)]~~ (1) Funds provided to the department through Sections 51-9-201 and 59-14-204 to be
636 used to provide services, shall be awarded to non-governmental entities based on a
637 competitive process consistent with Title 63G, Chapter 6a, Utah Procurement Code.

638 ~~[(3)]~~ (2) Beginning July 1, 2010, and not more than every five years thereafter, the
639 department shall issue requests for proposals for new or renewing contracts to award
640 funding for programs under Subsection (1).

641 Section 10. Section **26B-1-334** is amended to read:

642 **26B-1-334 . Licensed Provider Assessment Fund -- Creation -- Deposits -- Uses.**

643 (1) There is created an expendable special revenue fund known as the "Licensed Provider
644 Assessment Fund" consisting of:

645 (a) the assessments collected under, and any interest and penalties levied with the
646 administration of:

647 (i) [~~Title 26B, Chapter 2, Part 2, Health Care Facility Licensing and Inspection Act~~]
648 Chapter 2, Part 2, Health Care Facility Licensing and Inspection;

649 (ii) [~~Title 26B, Chapter 1, Part 4, Child Care Licensing~~] Chapter 2, Part 1, Human
650 Services Programs and Facilities; and

651 (iii) [~~Title 26B, Chapter 2, Part 1, Human Services Programs and Facilities~~] Chapter
652 2, Part 4, Child Care Licensing;

653 (b) money appropriated or otherwise made available by the Legislature; and

654 (c) any interest earned on the fund.

655 (2) Money in the fund may only be used by the department:

656 (a) for upgrades to and maintenance of licensing databases and applications;

657 (b) for training for providers and staff;

658 (c) to assist individuals during a facility shutdown; or

659 (d) for administrative expenses, if the administrative expenses for the fiscal year do not
660 exceed 3% of the money deposited into the fund during the fiscal year.

661 Section 11. Section **26B-3-804** is amended to read:

662 **26B-3-804 . Medicaid ambulance service provider adjustment under**
663 **fee-for-service rates.**

664 The division shall, if the assessment imposed by this part is approved by the Centers for
665 Medicare and Medicaid Services, for fee-for-service rates effective on or after July 1, 2015,
666 reimburse an ambulance service provider in an amount up to the Emergency Medical Services
667 Ambulance Rates adopted annually by the [department] Department of Public Safety.

668 Section 12. Section **26B-4-301** is amended to read:

669 **26B-4-301 . Definitions.**

670 As used in this part:

671 (1) "Committee" means the Primary Care Grant Committee described in Section 26B-1-410.

672 (2) "Community based organization":

673 (a) means a private entity; and

674 (b) includes for profit and not for profit entities.

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

709 (v) preventive dental services; and

710 (vi) pharmaceutical services.

711 Section 13. Section **26B-4-406** is amended to read:

712 **26B-4-406 . Voluntary participation.**

713 (1) Sections 26B-4-406 through 26B-4-411 do not create a duty or standard of care for:

714 (a) a person to be trained in the use and storage of epinephrine auto-injectors or stock
715 albuterol; or

716 (b) except as provided in Subsection (5), a qualified epinephrine auto-injector entity to
717 store epinephrine auto-injectors or a qualified stock albuterol entity to store stock
718 albuterol on its premises.

719 (2) Except as provided in Subsections (3) and (5), a decision by a person to successfully
720 complete a training program under Section 26B-4-407 or 26B-4-408 and to make
721 emergency epinephrine auto-injectors or stock albuterol available under the provisions
722 of Sections 26B-4-406 through 26B-4-411 is voluntary.

723 (3) A school, school board, or school official may not prohibit or dissuade a teacher or
724 other school employee at a primary or secondary school in the state, either public or
725 private, from:

726 (a) completing a training program under Section 26B-4-407 or 26B-4-408;

727 (b) possessing or storing an epinephrine auto-injector or stock albuterol on school
728 property if:

729 (i) the teacher or school employee is a qualified adult; and

730 (ii) the possession and storage is in accordance with the training received under
731 Section 26B-4-407 or 26B-4-408; or

732 (c) administering an epinephrine auto-injector or stock albuterol to any person, if:

733 (i) the teacher or school employee is a qualified adult; and

734 (ii) the administration is in accordance with the training received under Section
735 26B-4-407 or 26B-4-408.

736 (4) A school, school board, or school official may encourage a teacher or other school
737 employee to volunteer to become a qualified adult.

738 (5)(a) Each primary or secondary school in the state, both public and private, shall make
739 an emergency epinephrine auto-injector available to any teacher or other school
740 employee who:

741 (i) is employed at the school; and

742 (ii) is a qualified adult.

- 743 (b) This section does not require a school described in Subsection (5)(a) to keep more
744 than one emergency epinephrine auto-injector on the school premises, so long as it
745 may be quickly accessed by a teacher or other school employee, who is a qualified
746 adult, in the event of an emergency.
- 747 (6)(a) Each primary or secondary school in the state, both public and private, may make
748 stock albuterol available to any school employee who:
- 749 (i) is employed at the school; and
750 (ii) is a qualified adult.
- 751 (b) A qualified adult may administer stock albuterol to a student who:
- 752 (i) has a diagnosis of asthma by a health care provider;
753 (ii) except as provided in Subsection (6)(d), has a current asthma action plan on file
754 with the school; and
755 (iii) except as provided in Subsection (6)(d), is showing symptoms of an asthma
756 emergency as described in the student's asthma action plan.
- 757 (c) This Subsection (6) may not be interpreted to relieve a student's parent or guardian of
758 providing a student's medication or create an expectation that a school will have stock
759 albuterol available.
- 760 (d) A qualified adult may administer stock albuterol to any student who appears to be
761 experiencing respiratory distress or an asthma emergency on the qualified adult's
762 training under Section 26-4-408 and regardless of whether a current asthma plan is on
763 file.
- 764 (7) No school, school board, or school official shall retaliate or otherwise take adverse
765 action against a teacher or other school employee for:
- 766 (a) volunteering under Subsection (2);
767 (b) engaging in conduct described in Subsection (3); or
768 (c) failing or refusing to become a qualified adult.
- 769 Section 14. Section **26B-4-409** is amended to read:
- 770 **26B-4-409 . Authority to obtain and use an epinephrine auto-injector or stock**
771 **albuterol.**
- 772 (1) The school district physician, a department health care provider, the medical director of
773 the local health department, or the local emergency medical services director may
774 provide a prescription for the following if requested by a qualified adult, who is a
775 teacher or other school employee at a public or private primary or secondary school in
776 the state, or a school nurse:

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

- 808d (5)(a) A qualified entity that complies with Subsection (5)(b) or (c), may obtain a supply
 808e of epinephrine auto-injectors or stock albuterol, respectively, from a pharmacist
 808f under Section 58-17b-1004, or a pharmacy intern under Section 58-17b-1004 for:
- 808g (i) storing:
- 808h (A) the epinephrine auto-injectors on the qualified epinephrine auto-injector
 808i entity's premises; and
- 808j (B) stock albuterol on the qualified stock albuterol entity's premises; and
- 808k (ii) use by a qualified adult in accordance with Subsection (3) or (4).
- 808l (b) A qualified epinephrine auto-injector entity shall:
- 808m (i) designate an individual to complete an initial and annual refresher training
 808n program regarding the proper storage and emergency use of an epinephrine
 808o auto-injector available to a qualified adult; and
- 808p (ii) store epinephrine auto-injectors in accordance with the standards established by
 808q the department in Section 26B-4-411.
- 808r (c) A qualified stock albuterol entity shall:
- 808s (i) designate an individual to complete an initial and annual refresher training
 808t program regarding the proper storage and emergency use of stock albuterol
 808u available to a qualified adult; and
- 808v (ii) store stock albuterol in accordance with the standards established by the
 808w department in Section 26B-4-411.

808x Section 15. Section **26B-4-501** is amended to read:

808y **26B-4-501 . Definitions.**

808z As used in this part:

- 808aa (1) "Controlled substance" means the same as that term is defined in Title 58, Chapter 37,
 808bb Utah Controlled Substances Act.
- 808cc (2) "Critical access hospital" means a critical access hospital that meets the criteria of 42
 808dd U.S.C. Sec. 1395i-4(c)(2)[-(1998)].
- 808ee (3) "Designated facility" means:
- 808ff (a) a freestanding urgent care center;
- 808gg (b) a general acute hospital; or
- 808hh (c) a critical access hospital.
- 808ii (4) "Dispense" means the same as that term is defined in Section 58-17b-102.
- 808jj (5) "Division" means the Division of Professional Licensing created in Section 58-1-103.
- 808kk (6) "Emergency contraception" means the use of a substance, approved by the United States

- 808ll Food and Drug Administration, to prevent pregnancy after sexual intercourse.
- 808mm (7) "Freestanding urgent care center" means the same as that term is defined in Section
808nn 59-12-801.
- 808oo (8) "General acute hospital" means the same as that term is defined in Section 26B-2-201.
- 808pp (9) "Health care facility" means a hospital, a hospice inpatient residence, a nursing facility,
808qq a dialysis treatment facility, an assisted living residence, an entity that provides home-
808rr and community-based services, a hospice or home health care agency, or another facility
808ss that provides or contracts to provide health care services, which facility is licensed under
808tt Chapter 2, Part 2, Health Care Facility Licensing and Inspection.
- 808uu (10) "Health care provider" means:
- 808vv (a) a physician, as defined in Section 58-67-102;
- 808ww (b) an advanced practice registered nurse, as defined in Section 58-31b-102;
- 808xx (c) a physician assistant, as defined in Section 58-70a-102; or
- 808yy (d) an individual licensed to engage in the practice of dentistry, as defined in Section
808zz 58-69-102.
- 808aaa (11) "Increased risk" means risk exceeding the risk typically experienced by an individual
808bbb who is not using, and is not likely to use, an opiate.
- 808ccc (12) "Opiate" means the same as that term is defined in Section 58-37-2.
- 808ddd (13) "Opiate antagonist" means naloxone hydrochloride or any similarly acting drug that is
808eee not a controlled substance and that is approved by the federal Food and Drug
808fff Administration for the diagnosis or treatment of an opiate-related drug overdose.
- 808ggg (14) "Opiate-related drug overdose event" means an acute condition, including a decreased
808hhh level of consciousness or respiratory depression resulting from the consumption or use
808iii of a controlled substance, or another substance with which a controlled substance was
808jjj combined, and that a person would reasonably believe to require medical assistance.
- 808kkk (15) "Overdose outreach provider" means:
- 808lll (a) a law enforcement agency;
- 808mmm (b) a fire department;
- 808nnn (c) an emergency medical service provider, as defined in Section [~~26B-4-101~~] 53-2d-101;
- 808ooo (d) emergency medical service personnel, as defined in Section [~~26B-4-101~~] 53-2d-101;
- 808ppp (e) an organization providing treatment or recovery services for drug or alcohol use;
- 808qqq (f) an organization providing support services for an individual, or a family of an
808rrr individual, with a substance use disorder;
- 808sss (g) a certified peer support specialist, as defined in Section 26B-5-610;

- 808ttt (h) an organization providing substance use or mental health services under contract
 808uuu with a local substance abuse authority, as defined in Section 26B-5-101, or a local
 808vvv mental health authority, as defined in Section 26B-5-101;
- 808www (i) an organization providing services to the homeless;
- 808xxx (j) a local health department;
- 808yyy (k) an individual licensed to practice under:
- 808zzz (i) Title 58, Chapter 17b, Pharmacy Practice Act;
- 808aaaa (ii) Title 58, Chapter 60, Part 2, Social Worker Licensing Act; or
- 808bbbb (iii) Title 58, Chapter 60, Part 5, Substance Use Disorder Counselor Act; or
- 808cccc (l) an individual.
- 808dddd (16) "Patient counseling" means the same as that term is defined in Section 58-17b-102.
- 808eeee (17) "Pharmacist" means the same as that term is defined in Section 58-17b-102.
- 808ffff (18) "Pharmacy intern" means the same as that term is defined in Section 58-17b-102.
- 808gggg (19) "Physician" means the same as that term is defined in Section 58-67-102.
- 808hhhh (20) "Practitioner" means:
- 808iiii (a) a physician; or
- 808jjjj (b) any other person who is permitted by law to prescribe emergency contraception.
- 808kkkk (21) "Prescribe" means the same as that term is defined in Section 58-17b-102.
- 808llll (22)(a) "Self-administered hormonal contraceptive" means a self-administered hormonal
 808mmmm contraceptive that is approved by the United States Food and Drug Administration to
 808nnnn prevent pregnancy.
- 808oooo (b) "Self-administered hormonal contraceptive" includes an oral hormonal contraceptive,
 808pppp a hormonal vaginal ring, and a hormonal contraceptive patch.
- 808qqqq (c) "Self-administered hormonal contraceptive" does not include any drug intended to
 808rrrr induce an abortion, as that term is defined in Section 76-7-301.
- 808ssss (23) "Sexual assault" means any criminal conduct described in Title 76, Chapter 5, Part 4,
 808tttt Sexual Offenses, that may result in a pregnancy.
- 808uuuu (24) "Victim of sexual assault" means any person who presents to receive, or receives,
 808vvvv medical care in consequence of being subjected to sexual assault.
- 808wwww Section 16. Section **26B-5-101** is amended to read:
- 808xxxx **26B-5-101 . Chapter definitions.**
- 808yyyy As used in this chapter:
- 808zzzz (1) "Criminal risk factors" means a person's characteristics and behaviors that:
- 808aaaaa (a) affect the person's risk of engaging in criminal behavior; and

- 808bbbb (b) are diminished when addressed by effective treatment, supervision, and other support
808cccc resources, resulting in reduced risk of criminal behavior.
- 808dddd (2) "Director" means the director appointed under Section 26B-5-103.
- 808eeee (3) "Division" means the Division of Integrated Healthcare created in Section [26B-1-1202]
808ffff 26B-3-102.
- 808ggggg (4) "Local mental health authority" means a county legislative body.
- 808hhhhh (5) "Local substance abuse authority" means a county legislative body.
- 808iiii (6) "Mental health crisis" means:
- 808jjjj (a) a mental health condition that manifests in an individual by symptoms of sufficient
808kkkk severity that a prudent layperson who possesses an average knowledge of mental
808llll health issues could reasonably expect the absence of immediate attention or
808mmmm intervention to result in:
- 808nnnn (i) serious danger to the individual's health or well-being; or
808oooo (ii) a danger to the health or well-being of others; or
- 808pppp (b) a mental health condition that, in the opinion of a mental health therapist or the
808qqqq therapist's designee, requires direct professional observation or intervention.
- 808rrrr (7) "Mental health crisis response training" means community-based training that educates
808ssss laypersons and professionals on the warning signs of a mental health crisis and how to
808tttt respond.
- 808uuuu (8) "Mental health crisis services" means an array of services provided to an individual who
808vvvv experiences a mental health crisis, which may include:
- 08wwww (a) direct mental health services;
- 808xxxx (b) on-site intervention provided by a mobile crisis outreach team;
- 808yyyy (c) the provision of safety and care plans;
- 808zzzz (d) prolonged mental health services for up to 90 days after the day on which an
808aaaa individual experiences a mental health crisis;
- 808bbbb (e) referrals to other community resources;
- 808cccc (f) local mental health crisis lines; and
- 808dddd (g) the statewide mental health crisis line.
- 808eeee (9) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
- 808ffff (10) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and mental
808gggg health professionals that, in coordination with local law enforcement and emergency
808hhhh medical service personnel, provides mental health crisis services.
- 808iiii (11) "Office" means the Office of Substance Use and Mental Health created in Section

808jjjjjj 26B-5-102.

808kkkkkk (12)(a) "Public funds" means federal money received from the department, and state
808llllll money appropriated by the Legislature to the department, a county governing body,
mmmmmm or a local substance abuse authority, or a local mental health authority for the
808nnnnnn purposes of providing substance abuse or mental health programs or services.

808oooooo (b) "Public funds" include federal and state money that has been transferred by a local
808pppppp substance abuse authority or a local mental health authority to a private provider
808qqqqqq under an annual or otherwise ongoing contract to provide comprehensive substance
808rrrrrr abuse or mental health programs or services for the local substance abuse authority or
808ssssss local mental health authority. The money maintains the nature of "public funds"
808tttttt while in the possession of the private entity that has an annual or otherwise ongoing
808uuuuuu contract with a local substance abuse authority or a local mental health authority to
808vvvvvv provide comprehensive substance use or mental health programs or services for the
8wwwwww local substance abuse authority or local mental health authority.

808xxxxxx (c) Public funds received for the provision of services under substance use or mental
808yyyyyy health service plans may not be used for any other purpose except those authorized in
808zzzzzz the contract between the local mental health or substance abuse authority and
808aaaaaa provider for the provision of plan services.

808bbbbbb (13) "Severe mental disorder" means schizophrenia, major depression, bipolar disorders,
808cccccc delusional disorders, psychotic disorders, and other mental disorders as defined by the
808dddddd division.

808eeeeee (14) "Stabilization services" means in-home services provided to a child with, or who is at
808ffffff risk for, complex emotional and behavioral needs, including teaching the child's parent
08gggggg or guardian skills to improve family functioning.

808hhhhhh (15) "Statewide mental health crisis line" means the same as that term is defined in Section
808iiiiii 26B-5-610.

808jjjjjj (16) "System of care" means a broad, flexible array of services and supports that:
808kkkkkk (a) serve a child with or who is at risk for complex emotional and behavioral needs;
808llllll (b) are community based;
mmmmmm (c) are informed about trauma;
808nnnnnn (d) build meaningful partnerships with families and children;
808oooooo (e) integrate service planning, service coordination, and management across state and
808pppppp local entities;
808qqqqqq (f) include individualized case planning;

(g) provide management and policy infrastructure that supports a coordinated network of interdepartmental service providers, contractors, and service providers who are outside of the department; and

(h) are guided by the type and variety of services needed by a child with or who is at risk for complex emotional and behavioral needs and by the child's family.

~~[(17) "Targeted case management" means a service that assists Medicaid recipients in a target group to gain access to needed medical, social, educational, and other services.]~~

Section 17. Section **26B-5-102** is amended to read:

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

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

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

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

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

(2) The division shall:

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

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

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

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

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

(vi) establish and promote an evidence-based continuum of screening, assessment,

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- prevention, treatment, and recovery support services in the community for individuals with a substance use disorder or mental illness;
- (vii) evaluate the effectiveness of programs described in this Subsection (2);
- (viii) consider the impact of the programs described in this Subsection (2) on:
 - (A) emergency department utilization;
 - (B) jail and prison populations;
 - (C) the homeless population; and
 - (D) the child welfare system; and
- (ix) promote or establish programs for education and certification of instructors to educate individuals convicted of driving under the influence of alcohol or drugs or driving with any measurable controlled substance in the body;
- (b)(i) collect and disseminate information pertaining to mental health;
- (ii) provide direction over the state hospital including approval of the state hospital's budget, administrative policy, and coordination of services with local service plans;
- (iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to educate families concerning mental illness and promote family involvement, when appropriate, and with patient consent, in the treatment program of a family member;
- (iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to direct that an individual receiving services through a local mental health authority or the Utah State Hospital be informed about and, if desired by the individual, provided assistance in the completion of a declaration for mental health treatment in accordance with Section 26B-5-313; and
- (v) to the extent authorized and in accordance with statute, make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that:
 - (A) create a certification for [~~targeted case management~~] case managers;
 - (B) establish training and certification requirements;
 - (C) specify the types of services each certificate holder is qualified to provide;
 - (D) specify the type of supervision under which a certificate holder is required to operate; and
 - (E) specify continuing education and other requirements for maintaining or renewing certification;
- (c)(i) consult and coordinate with local substance abuse authorities and local mental

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- health authorities regarding programs and services;
- (ii) provide consultation and other assistance to public and private agencies and groups working on substance use and mental health issues;
- (iii) promote and establish cooperative relationships with courts, hospitals, clinics, medical and social agencies, public health authorities, law enforcement agencies, education and research organizations, and other related groups;
- (iv) promote or conduct research on substance use and mental health issues, and submit to the governor and the Legislature recommendations for changes in policy and legislation;
- (v) receive, distribute, and provide direction over public funds for substance use and mental health services;
- (vi) monitor and evaluate programs provided by local substance abuse authorities and local mental health authorities;
- (vii) examine expenditures of local, state, and federal funds;
- (viii) monitor the expenditure of public funds by:
 - (A) local substance abuse authorities;
 - (B) local mental health authorities; and
 - (C) in counties where they exist, a private contract provider that has an annual or otherwise ongoing contract to provide comprehensive substance abuse or mental health programs or services for the local substance abuse authority or local mental health authority;
- (ix) contract with local substance abuse authorities and local mental health authorities to provide a comprehensive continuum of services that include community-based services for individuals involved in the criminal justice system, in accordance with division policy, contract provisions, and the local plan;
- (x) contract with private and public entities for special statewide or nonclinical services, or services for individuals involved in the criminal justice system, according to division rules;
- (xi) review and approve each local substance abuse authority's plan and each local mental health authority's plan in order to ensure:
 - (A) a statewide comprehensive continuum of substance use services;
 - (B) a statewide comprehensive continuum of mental health services;
 - (C) services result in improved overall health and functioning;
 - (D) a statewide comprehensive continuum of community-based services designed

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to reduce criminal risk factors for individuals who are determined to have substance use or mental illness conditions or both, and who are involved in the criminal justice system;

(E) compliance, where appropriate, with the certification requirements in Subsection (2)(h); and

(F) appropriate expenditure of public funds;

(xii) review and make recommendations regarding each local substance abuse authority's contract with the local substance abuse authority's provider of substance use programs and services and each local mental health authority's contract with the local mental health authority's provider of mental health programs and services to ensure compliance with state and federal law and policy;

(xiii) monitor and ensure compliance with division rules and contract requirements; and

(xiv) withhold funds from local substance abuse authorities, local mental health authorities, and public and private providers for contract noncompliance, failure to comply with division directives regarding the use of public funds, or for misuse of public funds or money;

(d) ensure that the requirements of this part are met and applied uniformly by local substance abuse authorities and local mental health authorities across the state;

(e) require each local substance abuse authority and each local mental health authority, in accordance with Subsections 17-43-201(5)(b) and 17-43-301(6)(a)(ii), to submit a plan to the division on or before May 15 of each year;

(f) conduct an annual program audit and review of each local substance abuse authority and each local substance abuse authority's contract provider, and each local mental health authority and each local mental health authority's contract provider, including:

(i) a review and determination regarding whether:

(A) public funds allocated to the local substance abuse authority or the local mental health authorities are consistent with services rendered by the authority or the authority's contract provider, and with outcomes reported by the authority's contract provider; and

(B) each local substance abuse authority and each local mental health authority is exercising sufficient oversight and control over public funds allocated for substance use disorder and mental health programs and services; and

(ii) items determined by the division to be necessary and appropriate;

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- (g) define "prevention" by rule as required under Title 32B, Chapter 2, Part 4, Alcoholic Beverage and Substance Abuse Enforcement and Treatment Restricted Account Act;
- (h)(i) train and certify an adult as a peer support specialist, qualified to provide peer supports services to an individual with:
 - (A) a substance use disorder;
 - (B) a mental health disorder; or
 - (C) a substance use disorder and a mental health disorder;
- (ii) certify a person to carry out, as needed, the division's duty to train and certify an adult as a peer support specialist;
- (iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that:
 - (A) establish training and certification requirements for a peer support specialist;
 - (B) specify the types of services a peer support specialist is qualified to provide;
 - (C) specify the type of supervision under which a peer support specialist is required to operate; and
 - (D) specify continuing education and other requirements for maintaining or renewing certification as a peer support specialist; and
- (iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that:
 - (A) establish the requirements for a person to be certified to carry out, as needed, the division's duty to train and certify an adult as a peer support specialist; and
 - (B) specify how the division shall provide oversight of a person certified to train and certify a peer support specialist;
- (i) collaborate with the State Commission on Criminal and Juvenile Justice to analyze and provide recommendations to the Legislature regarding:
 - (i) pretrial services and the resources needed to reduce recidivism;
 - (ii) county jail and county behavioral health early-assessment resources needed for an individual convicted of a class A or class B misdemeanor; and
 - (iii) the replacement of federal dollars associated with drug interdiction law enforcement task forces that are reduced;
- (j) establish performance goals and outcome measurements for a mental health or substance use treatment program that is licensed under Chapter 2, Part 1, Human Services Programs and Facilities, and contracts with the department, including goals and measurements related to employment and reducing recidivism of individuals

receiving mental health or substance use treatment who are involved with the criminal justice system;

(k) annually, on or before November 30, submit a written report to the Judiciary Interim Committee, the Health and Human Services Interim Committee, and the Law Enforcement and Criminal Justice Interim Committee, that includes:

- (i) a description of the performance goals and outcome measurements described in Subsection (2)(j); and
- (ii) information on the effectiveness of the goals and measurements in ensuring appropriate and adequate mental health or substance use treatment is provided in a treatment program described in Subsection (2)(j);

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

(m) at the division's discretion, use the data described in Subsection (2)(l) to make decisions regarding the use of funds allocated to the division to provide treatment;

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

(o) publish the following on the division's website:

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

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

- (i) providing education and resources to health care providers and individuals in the state regarding prevention of substance use during pregnancy;
- (ii) providing training to health care providers in the state regarding screening of a pregnant woman or pregnant minor to identify a substance use disorder; and

- (iii) providing referrals to pregnant women, pregnant minors, or parents of a newborn child in need of substance use treatment services to a facility that has the capacity to provide the treatment services.
- (3) In addition to the responsibilities described in Subsection (2), the division shall, within funds appropriated by the Legislature for this purpose, implement and manage the operation of a firearm safety and suicide prevention program, in consultation with the Bureau of Criminal Identification created in Section 53-10-201, including:
- (a) coordinating with local mental health and substance abuse authorities, a nonprofit behavioral health advocacy group, and a representative from a Utah-based nonprofit organization with expertise in the field of firearm use and safety that represents firearm owners, to:
 - (i) produce and periodically review and update a firearm safety brochure and other educational materials with information about the safe handling and use of firearms that includes:
 - (A) information on safe handling, storage, and use of firearms in a home environment;
 - (B) information about at-risk individuals and individuals who are legally prohibited from possessing firearms;
 - (C) information about suicide prevention awareness; and
 - (D) information about the availability of firearm safety packets;
 - (ii) procure cable-style gun locks for distribution under this section;
 - (iii) produce a firearm safety packet that includes the firearm safety brochure and the cable-style gun lock described in this Subsection (3); and
 - (iv) create a suicide prevention education course that:
 - (A) provides information for distribution regarding firearm safety education;
 - (B) incorporates current information on how to recognize suicidal behaviors and identify individuals who may be suicidal; and
 - (C) provides information regarding crisis intervention resources;
 - (b) distributing, free of charge, the firearm safety packet to the following persons, who shall make the firearm safety packet available free of charge:
 - (i) health care providers, including emergency rooms;
 - (ii) mobile crisis outreach teams;
 - (iii) mental health practitioners;
 - (iv) other public health suicide prevention organizations;

- (v) entities that teach firearm safety courses;
 - (vi) school districts for use in the seminar, described in Section [53G-9-702] 53G-9-703, for parents of students in the school district; and
 - (vii) firearm dealers to be distributed in accordance with Section 76-10-526;
- (c) creating and administering a rebate program that includes a rebate that offers between \$10 and \$200 off the purchase price of a firearm safe from a participating firearms dealer or a person engaged in the business of selling firearm safes in Utah, by a Utah resident; and
- (d) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, making rules that establish procedures for:
- (i) producing and distributing the suicide prevention education course and the firearm safety brochures and packets;
 - (ii) procuring the cable-style gun locks for distribution; and
 - (iii) administering the rebate program.

(4)(a) The division may refuse to contract with and may pursue legal remedies against any local substance abuse authority or local mental health authority that fails, or has failed, to expend public funds in accordance with state law, division policy, contract provisions, or directives issued in accordance with state law.

(b) The division may withhold funds from a local substance abuse authority or local mental health authority if the authority's contract provider of substance use or mental health programs or services fails to comply with state and federal law or policy.

(5)(a) Before reissuing or renewing a contract with any local substance abuse authority or local mental health authority, the division shall review and determine whether the local substance abuse authority or local mental health authority is complying with the oversight and management responsibilities described in Sections 17-43-201, 17-43-203, 17-43-303, and 17-43-309.

(b) Nothing in this Subsection (5) may be used as a defense to the responsibility and liability described in Section 17-43-303 and to the responsibility and liability described in Section 17-43-203.

(6) In carrying out the division's duties and responsibilities, the division may not duplicate treatment or educational facilities that exist in other divisions or departments of the state, but shall work in conjunction with those divisions and departments in rendering the treatment or educational services that those divisions and departments are competent and able to provide.

- (7) The division may accept in the name of and on behalf of the state donations, gifts, devises, or bequests of real or personal property or services to be used as specified by the donor.
- (8) The division shall annually review with each local substance abuse authority and each local mental health authority the authority's statutory and contract responsibilities regarding:
 - (a) use of public funds;
 - (b) oversight of public funds; and
 - (c) governance of substance use disorder and mental health programs and services.
- (9) The Legislature may refuse to appropriate funds to the division upon the division's failure to comply with the provisions of this part.
- (10) If a local substance abuse authority contacts the division under Subsection 17-43-201 (10) for assistance in providing treatment services to a pregnant woman or pregnant minor, the division shall:
 - (a) refer the pregnant woman or pregnant minor to a treatment facility that has the capacity to provide the treatment services; or
 - (b) otherwise ensure that treatment services are made available to the pregnant woman or pregnant minor.
- (11) The division shall employ a school-based mental health specialist to be housed at the State Board of Education who shall work with the State Board of Education to:
 - (a) provide coordination between a local education agency and local mental health authority;
 - (b) recommend evidence-based and evidence informed mental health screenings and intervention assessments for a local education agency; and
 - (c) coordinate with the local community, including local departments of health, to enhance and expand mental health related resources for a local education agency.

Section 18. Section **26B-5-315** is amended to read:

26B-5-315 . Declaration for mental health treatment -- Form.

A declaration for mental health treatment shall be in the following form:

I, _____, being an adult of sound mind, willfully and voluntarily make this declaration for mental health treatment, to be followed if it is determined by a court or by two physicians that my ability to receive and evaluate information effectively or to communicate my decisions is impaired to such an extent that I lack the capacity to refuse or consent to mental health treatment. "Mental health treatment" means convulsive treatment,

treatment with psychoactive medication, and admission to and retention in a mental health facility for a period up to 17 days.

I understand that I may become incapable of giving or withholding informed consent for mental health treatment due to the symptoms of a diagnosed mental disorder. These symptoms may include:

PSYCHOACTIVE MEDICATIONS

If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding psychoactive medications are as follows:

I consent to the administration of the following medications:

in the 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

If I become incapable of giving or withholding informed consent for mental health treatment, 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.

My reasons for consenting to or refusing convulsive treatment are as follows;

ADMISSION TO AND RETENTION IN A MENTAL HEALTH FACILITY

If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding admission to and retention in a mental health facility are as follows:

_____ I consent to being admitted to the following mental health facilities:

I may be retained in the facility for a period of time:

_____ 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 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:

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(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)

DECLARATION OF INCAPABILITY FOR PERSON MAKING TREATMENT DECISIONS

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 decisions for you if you become incapable. The person you appoint has a duty to act consistently with your desires as stated in this document or, if not stated, to make decisions in accordance with what that person believes, in good faith, to be in your best interest. For the appointment to be effective, the person you appoint must accept the appointment in writing. The person also has the right to withdraw from acting as your attorney-in-fact at any time;

- (4) this document will continue in effect for a period of three years unless you become incapable of participating in mental health treatment decisions. If this occurs, the directive will continue in effect until you are no longer incapable;
- (5) you have the right to revoke this document in whole or in part, or the appointment of an attorney-in-fact, at any time you have not been determined to be incapable. **YOU MAY NOT REVOKE THE DECLARATION OR APPOINTMENT WHEN YOU ARE CONSIDERED INCAPABLE BY A COURT OR TWO PHYSICIANS.** A revocation is effective when it is communicated to your attending physician or other provider; and
- (6) if there is anything in this document that you do not understand, you should ask an attorney to explain it to you. This declaration is not valid unless it is signed by two qualified witnesses who are personally known to you and who are present when you sign or acknowledge your signature.

Section 19. Section **26B-5-319** is amended to read:

26B-5-319 . Receipt of gift and personal property related to the transfer of persons from other institutions.

- (1) The division may take and hold by gift, devise, or bequest real and personal property required for the use of the state hospital. With the approval of the governor the division may convert that property that is not suitable for the state hospital's use into money or property that is suitable for the state hospital's use.
- (2) The state hospital is authorized to receive from any other institution within the department an individual committed to that institution, when a careful evaluation of the treatment needs of the individual and of the treatment programs available at the state hospital indicates that the transfer would be in the interest of that individual.
- (3)(a) For the purposes of this Subsection (3), "contributions" means gifts, grants, 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 fund, and all interest will remain in the fund.
- (c)(i) Single expenditures from the fund in amounts of \$5,000 or less shall be approved by the superintendent.
- (ii) Single expenditures exceeding \$5,000 must be preapproved by the superintendent and the division director.
- (iii) Expenditures described in this Subsection (3) shall be used for the benefit of

patients at the state hospital.

- (d) Money and interest in the fund may not be used for items normally paid for by operating revenues or for items related to personnel costs without specific legislative authorization.

Section 20. Section **26B-5-331** is amended to read:

26B-5-331 . Temporary commitment -- Requirements and procedures -- Rights.

- (1) An adult shall be temporarily, involuntarily committed to a local mental health authority upon:

(a) a written application that:

- (i) is completed by a responsible individual who has reason to know, stating a belief that the adult, due to mental illness, is likely to pose substantial danger to self or others if not restrained and stating the personal knowledge of the adult's condition or circumstances that lead to the individual's belief; and
- (ii) includes a certification by a licensed physician, licensed physician assistant, licensed nurse practitioner, or designated examiner stating that the physician, physician assistant, nurse practitioner, or designated examiner has examined the adult within a three-day period immediately preceding the certification, and that the physician, physician assistant, nurse practitioner, or designated examiner is of the opinion that, due to mental illness, the adult poses a substantial danger to self or others; or

(b) a peace officer or a mental health officer:

- (i) observing an adult's conduct that gives the peace officer or mental health officer probable cause to believe that:
 - (A) the adult has a mental illness; and
 - (B) because of the adult's mental illness and conduct, the adult poses a substantial danger to self or others; and
- (ii) completing a temporary commitment application that:
 - (A) is on a form prescribed by the division;
 - (B) states the peace officer's or mental health officer's belief that the adult poses a substantial danger to self or others;
 - (C) states the specific nature of the danger;
 - (D) provides a summary of the observations upon which the statement of danger is based; and
 - (E) provides a statement of the facts that called the adult to the peace officer's or

mental health officer's attention.

(2) If at any time a patient committed under this section no longer meets the commitment criteria described in Subsection (1), the local mental health authority or the local mental health authority's designee shall:

- (a) document the change and release the patient; and
- (b) if the patient was admitted under Subsection (1)(b), notify the peace officer or mental health officer of the patient's release.

(3) A patient committed under this section may be held for a maximum of 72 hours after commitment, excluding Saturdays, Sundays, and legal holidays, unless:

- (a) as described in Section 26B-5-332, an application for involuntary commitment is commenced, which may be accompanied by an order of detention described in Subsection 26B-5-332(4); or
- (b) the patient makes a voluntary application for admission.

(4) Upon a written application described in Subsection (1)(a) or the observation and belief described in Subsection (1)(b)(i), the adult shall be:

- (a) taken into a peace officer's protective custody, by reasonable means, if necessary for public safety; and
- (b) transported for temporary commitment to a facility designated by the local mental health authority, by means of:
 - (i) an ambulance, if the adult meets any of the criteria described in Section [~~26B-4-119~~ 53-2d-405;
 - (ii) an ambulance, if a peace officer is not necessary for public safety, and transportation arrangements are made by a physician, physician assistant, nurse practitioner, designated examiner, or mental health officer;
 - (iii) the city, town, or municipal law enforcement authority with jurisdiction over the location where the adult is present, if the adult is not transported by ambulance;
 - (iv) the county sheriff, if the designated facility is outside of the jurisdiction of the law enforcement authority described in Subsection (4)(b)(iii) and the adult is not transported by ambulance; or
 - (v) nonemergency secured behavioral health transport as that term is defined in Section 53-2d-101.

(5) Notwithstanding Subsection (4):

- (a) an individual shall be transported by ambulance to an appropriate medical facility for treatment if the individual requires physical medical attention;

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- (b) if an officer has probable cause to believe, based on the officer's experience and de-escalation training that taking an individual into protective custody or transporting an individual for temporary commitment would increase the risk of substantial danger to the individual or others, a peace officer may exercise discretion to not take the individual into custody or transport the individual, as permitted by policies and procedures established by the officer's law enforcement agency and any applicable federal or state statute, or case law; and
 - (c) if an officer exercises discretion under Subsection (4)(b) to not take an individual 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.
- (6)(a) The local mental health authority shall inform an adult patient committed under this section of the reason for commitment.
- (b) An adult patient committed under this section has the right to:
 - (i) within three hours after arrival at the local mental health authority, make a telephone call, at the expense of the local mental health authority, to an individual of the patient's choice; and
 - (ii) see and communicate with an attorney.
- (7)(a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this section.
- (b) This section does not create a special duty of care.
- (8)(a) A local mental health authority shall provide discharge instructions to each individual committed under this section at or before the time the individual is discharged from the local mental health authority's custody, regardless of whether the individual is discharged by being released, taken into a peace officer's protective custody, transported to a medical facility or other facility, or other circumstances.
- (b) Discharge instructions provided under Subsection (8)(a) shall include:
 - (i) a summary of why the individual was committed to the local mental health authority;
 - (ii) detailed information about why the individual is being discharged from the local mental health authority's custody;
 - (iii) a safety plan for the individual based on the individual's mental illness or mental or emotional state;
 - (iv) notification to the individual's primary care provider, if applicable;
 - (v) if the individual is discharged without food, housing, or economic security, a referral to appropriate services, if such services exist in the individual's

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- community;
 - (vi) the phone number to call or text for a crisis services hotline, and information about the availability of peer support services;
 - (vii) a copy of any psychiatric advance directive presented to the local mental health authority, if applicable;
 - (viii) information about how to establish a psychiatric advance directive if one was not presented to the local mental health authority;
 - (ix) as applicable, information about medications that were changed or discontinued during the commitment;
 - (x) a list of any screening or diagnostic tests conducted during the commitment;
 - (xi) a summary of therapeutic treatments provided during the commitment;
 - (xii) any laboratory work, including blood samples or imaging, that was completed or attempted during the commitment; and
 - (xiii) information about how to contact the local mental health authority if needed.
- (c) If an individual's medications were changed, or if an individual was prescribed new medications while committed under this section, discharge instructions provided under Subsection (8)(a) shall include a clinically appropriate supply of medications, as determined by a licensed health care provider, to allow the individual time to access another health care provider or follow-up appointment.
- (d) If an individual refuses to accept discharge instructions, the local mental health authority shall document the refusal in the individual's medical record.
- (e) If an individual's discharge instructions include referrals to services under Subsection (8)(b)(v), the local mental health authority shall document those referrals in the individual's medical record.
- (f) The local mental health authority shall attempt to follow up with a discharged individual at least 48 hours after discharge, and may use peer support professionals when performing follow-up care or developing a continuing care plan.

Section 21. Section **26B-5-609** is amended to read:

26B-5-609 . Department and division duties -- MCOT license creation.

- (1) As used in this section:
 - (a) "Committee" means the Behavioral Health Crisis Response Committee created in Section 63C-18-202.
 - (b) "Emergency medical service personnel" means the same as that term is defined in Section ~~[26B-4-101]~~ 53-2d-101.

- (c) "Emergency medical services" means the same as that term is defined in Section [~~26B-4-101~~] 53-2d-101.
 - (d) "MCOT certification" means the certification created in this part for MCOT personnel and mental health crisis outreach services.
 - (e) "MCOT personnel" means a licensed mental health therapist or other mental health professional, as determined by the division, who is a part of a mobile crisis outreach team.
 - (f) "Mental health crisis" means a mental health condition that manifests itself by symptoms of sufficient severity that a prudent layperson who possesses an average knowledge of mental health issues could reasonably expect the absence of immediate attention or intervention to result in:
 - (i) serious jeopardy to the individual's health or well-being; or
 - (ii) a danger to others.
 - (g)(i) "Mental health crisis services" means mental health services and on-site intervention that a person renders to an individual suffering from a mental health crisis.
 - (ii) "Mental health crisis services" includes the provision of safety and care plans, stabilization services offered for a minimum of 60 days, and referrals to other community resources.
 - (h) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
 - (i) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and mental health professionals that provides mental health crisis services and, based on the individual circumstances of each case, coordinates with local law enforcement, emergency medical service personnel, and other appropriate state or local resources.
- (2) To promote the availability of comprehensive mental health crisis services throughout the state, the division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that create a certificate for MCOT personnel and MCOTs, including:
- (a) the standards the division establishes under Subsection (3); and
 - (b) guidelines for:
 - (i) credit for training and experience; and
 - (ii) the coordination of:
 - (A) emergency medical services and mental health crisis services;
 - (B) law enforcement, emergency medical service personnel, and mobile crisis

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outreach teams; and

(C) temporary commitment in accordance with Section 26B-5-331.

(3)(a) The division shall:

(i) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, make rules that establish standards that an applicant is required to meet to qualify for the MCOT certification described in Subsection (2); and

(ii) create a statewide MCOT plan that:

(A) identifies statewide mental health crisis services needs, objectives, and priorities; and

(B) identifies the equipment, facilities, personnel training, and other resources necessary to provide mental health crisis services.

(b) The division shall take the action described in Subsection (3)(a) with recommendations from the committee.

(c) The division may delegate the MCOT plan requirement described in Subsection (3)(a)(ii) to a contractor with which the division contracts to provide mental health crisis services.

Section 22. Section **26B-6-210** is amended to read:

26B-6-210 . Statewide database -- Restricted use and access.

(1) The division shall maintain a database for reports of vulnerable adult abuse, neglect, or exploitation made pursuant to this part.

(2) The database shall include:

(a) the names and identifying data of the alleged abused, neglected, or exploited vulnerable adult and the alleged perpetrator;

(b) information regarding whether or not the allegation of abuse, neglect, or exploitation was found to be:

(i) supported;

(ii) inconclusive;

(iii) without merit; or

(iv) for reports for which the finding is made before May 5, 2008:

(A) substantiated; or

(B) unsubstantiated; and

(c) any other information that may be helpful in furthering the purposes of this part, as determined by the division.

(3) Information obtained from the database may be used only:

- (a) for statistical summaries compiled by the department that do not include names or other identifying data;
- (b) where identification of an individual as a perpetrator may be relevant in a determination regarding whether to grant or deny a license, privilege, or approval made by:
 - (i) the department;
 - (ii) the Division of Professional Licensing;
 - (iii) the Division of Licensing and Background Checks within the department;
 - (iv) the Bureau of Emergency Medical Services[-], within the Department of Public Safety;
 - (v) any government agency specifically authorized by statute to access or use the information in the database; or
 - (vi) an agency of another state that performs a similar function to an agency described in Subsections (3)(b)(i) through (iv); or
- (c) as otherwise specifically provided by law.

Section 23. Section **26B-6-304** is amended to read:

26B-6-304 . Powers and duties of the office.

- (1) The office shall:
 - (a) develop and operate a statewide program to:
 - (i) educate the public about the role and function of guardians and conservators;
 - (ii) educate guardians and conservators on:
 - (A) the duties of a guardian and a conservator; and
 - (B) standards set by the National Guardianship Association for guardians and conservators; and
 - (iii) serve as a guardian, conservator, or both for a ward upon appointment by a court when no other person is able and willing to do so and the office petitioned for or agreed in advance to the appointment;
 - (b) possess and exercise all the powers and duties specifically given to the office by virtue of being appointed as guardian or conservator of a ward, including the power to access a ward's records;
 - (c) review and monitor the personal and, if appropriate, financial status of each ward for whom the office has been appointed to serve as guardian or conservator;
 - (d) train and monitor each employee and volunteer, and monitor each contract provider to whom the office has delegated a responsibility for a ward;

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- (e) retain all court-delegated powers and duties for a ward;
 - (f) report on the personal and financial status of a ward as required by a court in accordance with Title 75, Chapter 5, Protection of Persons Under Disability and Their Property;
 - (g) handle a ward's funds in accordance with the department's trust account system;
 - (h) request that the department's audit plan, established pursuant to Section 63I-5-401, include the requirement of an annual audit of all funds and property held by the office on behalf of wards;
 - (i) maintain accurate records concerning each ward, the ward's property, and office services provided to the ward;
 - (j) make reasonable and continuous efforts to find a family member, friend, or other person to serve as a ward's guardian or conservator;[-and]
 - (k) after termination as guardian or conservator, distribute a ward's property in accordance with Title 75, Chapter 5, Protection of Persons Under Disability and Their Property[:] ; and
 - (l) be given access to, or provided with, written statements, documents, exhibits, and other items related to an investigation, including private, controlled, or protected medical or financial records of an incapacitated person or a potentially incapacitated person when the records or other items sought are reasonably necessary for the office to conduct an assessment, make an inquiry or search, or reach a determination described in Section 26B-6-305, or to fulfill the office's other duties or responsibilities.
- (2) The office may:
- (a) petition a court pursuant to Title 75, Chapter 5, Protection of Persons Under Disability and Their Property, to be appointed an incapacitated person's guardian, conservator, or both after conducting a prepetition assessment under Section 26B-6-305;
 - (b) develop and operate a statewide program to recruit, train, supervise, and monitor volunteers to assist the office in providing guardian and conservator services;
 - (c) delegate one or more responsibilities for a ward to an employee, volunteer, or contract provider, except as provided in Subsection 26B-6-305(1);
 - (d) solicit and receive private donations to provide guardian and conservator services under this part; and
 - (e) adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative

Rulemaking Act, to:

- (i) effectuate policy; and
- (ii) carry out the office's role as guardian and conservator of wards as provided in this chapter.

Section 24. Section **26B-6-602** is amended to read:

26B-6-602 . Division responsibility.

The division is responsible:

- (1) for the supervision, care, and treatment of persons with an intellectual disability in this state who are committed to the division's jurisdiction under the provisions of this part; and
- (2) to evaluate and determine the most appropriate, least restrictive setting for an individual with an intellectual disability within the division's system.

Section 25. Section **26B-7-301** is amended to read:

26B-7-301 . Definitions.

As used in this part:

- (1) "Bioterrorism" means:
 - (a) the intentional use of any microorganism, virus, infectious substance, or biological product to cause death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence, intimidate, or coerce the conduct of government or a civilian population; and
 - (b) includes anthrax, botulism, small pox, plague, tularemia, and viral hemorrhagic fevers.
- (2) "Dangerous public health condition" means any of the following:
 - (a) cholera;
 - (b) pneumonic plague;
 - (c) severe acute respiratory syndrome;
 - (d) smallpox;
 - (e) tuberculosis;
 - (f) any viral hemorrhagic fever;
 - (g) measles; or
 - (h) any infection:
 - (i) that is new, drug resistant, or reemerging;
 - (ii) that evidence suggests is likely to cause either high mortality or morbidity; and
 - (iii) only if the relevant legislative body of the county where the infection is located

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approves as needing containment.

- (3) "Diagnostic information" means a clinical facility's record of individuals who present for treatment, including the reason for the visit, chief complaint, presenting diagnosis, final diagnosis, and any pertinent lab results.
- (4) "Epidemic or pandemic disease":
 - (a) means the occurrence in a community or region of cases of an illness clearly in excess of normal expectancy; and
 - (b) includes diseases designated by the department which have the potential to cause serious illness or death.
- (5) "Exigent circumstances" means a significant change in circumstances following the expiration of a public health emergency declared in accordance with this title that:
 - (a) substantially increases the danger to public safety or health relative to the circumstances in existence when the public health emergency expired;
 - (b) poses an imminent danger to public safety or health; and
 - (c) was not known or foreseen and could not have been known or foreseen at the time the public health emergency expired.
- (6) "First responder" means:
 - (a) a law enforcement officer as defined in Section 53-13-103;
 - (b) emergency medical service personnel as defined in Section ~~[26B-4-101]~~ 53-2d-101;
 - (c) firefighters; and
 - (d) public health personnel having jurisdiction over the location where an individual subject to an order of restriction is found.
- (7) "Health care provider" means the same as that term is defined in Section 78B-3-403.
- (8) "Legislative emergency response committee" means the same as that term is defined in Section 53-2a-203.
- (9) "Local food" means the same as that term is defined in Section 4-1-109.
- (10)(a) "Order of constraint" means an order, rule, or regulation issued in response to a declared public health emergency under this part, that:
 - (i) applies to all or substantially all:
 - (A) individuals or a certain group of individuals; or
 - (B) public places or certain types of public places; and
 - (ii) for the protection of the public health and in response to the declared public health emergency:
 - (A) establishes, maintains, or enforces isolation or quarantine;

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- (B) establishes, maintains, or enforces a stay-at-home order;
- (C) exercises physical control over property or individuals;
- (D) requires an individual to perform a certain action or engage in certain behavior; or
- (E) closes theaters, schools, or other public places or prohibits gatherings of people to protect the public health.

(b) "Order of constraint" includes a stay-at-home order.

(11) "Order of restriction" means an order issued by a department or a district court which requires an individual or group of individuals who are subject to restriction to submit to an examination, treatment, isolation, or quarantine.

(12)(a) "Public health emergency" means an occurrence or imminent credible threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.

(b) "Public health emergency" includes an illness or health condition resulting from a natural disaster.

(13) "Public health official" means:

- (a) the executive director or the executive director's authorized representative; or
- (b) the executive director of a local health department or the executive director's authorized representative.

(14) "Reportable emergency illness and health condition" includes the diseases, conditions, or syndromes designated by the department.

(15) "Stay-at-home order" means an order of constraint that:

- (a) restricts movement of the general population to suppress or mitigate an epidemic or pandemic disease by directing individuals within a defined geographic area to remain in their respective residences; and
- (b) may include exceptions for certain essential tasks.

(16) "Threat to public health" means a situation where a dangerous public health condition could spread to other individuals.

(17) "Subject to restriction" as applied to an individual, or a group of individuals, means the individual or group of individuals could create a threat to public health.

Section 26. Section **26B-8-115** is amended to read:

26B-8-115 . Fetal death certificate -- Filing and registration requirements.

- (1)(a) A fetal death certificate shall be filed for each fetal death which occurs in this state.
- (b) The certificate shall be filed within five days after delivery with the local registrar or as otherwise directed by the state registrar.
- (c) The certificate shall be registered if it is completed and filed in accordance with this part.

- (2)(a) When a dead fetus is delivered in an institution, the institution administrator or his designated representative shall prepare and file the fetal death certificate.
- (b) The attending [~~physician, physician assistant, or certified nurse midwife~~] health care professional shall state in the certificate the cause of death and sign the certificate.

- (3) When a dead fetus is delivered outside an institution, the [~~physician or certified nurse midwife~~] health care professional in attendance at or immediately after delivery shall complete, sign, and file the fetal death certificate.

- (4) When a fetal death occurs without medical attendance at or immediately after the delivery or when inquiry is required by Part 2, Utah Medical Examiner[;] :
 - (a) the medical examiner shall investigate the cause of death; and
 - (b) the medical examiner or a certified pathologist who performed the fetal autopsy shall prepare and file the certificate of fetal death within five days after [taking] the medical examiner takes charge of the case.

- (5)(a) When a fetal death occurs in a moving conveyance and the dead fetus is first removed from the conveyance in this state or when a dead fetus is found in this state and the place of death is unknown, the death shall be registered in this state.
- (b) The place where the dead fetus was first removed from the conveyance or found shall be considered the place of death.

- (6) Final disposition of the dead fetus may not be made until the fetal death certificate has been registered.

Section 27. Section **26B-8-118** is amended to read:

26B-8-118 . Certificate of early term stillbirth.

- (1) As used in this section, "early term stillborn child" means a product of human conception, other than in the circumstances described in Subsection 76-7-301(1), that:
 - (a) is of at least 16 weeks' gestation but less than 20 weeks' gestation, calculated from the day on which the mother's last normal menstrual period began to the day of delivery; and
 - (b) is not born alive.

- (2) The state registrar shall issue a certificate of early term stillbirth to a parent of an early term stillborn child if:
 - (a) the parent requests, on a form created by the state registrar, that the state registrar register and issue a certificate of early term stillbirth for the early term stillborn child; and
 - (b) the parent files with the state registrar:
 - (i)(A) a signed statement from a ~~[physician, or physician assistant if a physician is not in attendance at the delivery,]~~ health care professional confirming the delivery of the early term stillborn child; or
 - (B) an accurate copy of the parent's medical records related to the early term stillborn child; and
 - (ii) any other record the state registrar determines, by rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, is necessary for accurate recordkeeping.

(3) The certificate of early term stillbirth described in Subsection (2) shall meet all of the format and filing requirements of Section 26B-8-103.

(4) A person who prepares a certificate of early term stillbirth under this section shall leave blank any references to an early term stillborn child's name if the early term stillborn child's parent does not wish to provide a name for the early term stillborn child.

Section 28. Section **26B-9-104** is amended to read:

26B-9-104 . Duties of the Office of Recovery Services.

- (1) The office has the following duties:
 - (a) except as provided in Subsection (2), to provide child support services if:
 - (i) the office has received an application for child support services;
 - (ii) the state has provided public assistance; or
 - (iii) a child lives out of the home in the protective custody, temporary custody, or custody or care of the state;
 - (b) for the purpose of collecting child support, to carry out the obligations of the department contained in:
 - (i) this chapter;
 - (ii) Title 78B, Chapter 14, Utah Uniform Interstate Family Support Act;
 - (iii) Title 78B, Chapter 15, Utah Uniform Parentage Act; and
 - (iv) Title 81, Chapter 6, Child Support;
 - (c) to collect money due the department which could act to offset expenditures by the

- state;
- (d) to cooperate with the federal government in programs designed to recover health and social service funds;
- (e) to collect civil or criminal assessments, fines, fees, amounts awarded as restitution, and reimbursable expenses owed to the state or any of its political subdivisions, if the office has contracted to provide collection services;
- (f) to implement income withholding for collection of child support in accordance with Part 3, Income Withholding in IV-D Cases;
- (g) to enter into agreements with financial institutions doing business in the state to develop and operate, in coordination with such financial institutions, a data match system in the manner provided for in Section 26B-9-208;
- (h) to establish and maintain the state case registry in the manner required by the Social Security Act, 42 U.S.C. Sec. 654a, which shall include a record in each case of:
 - (i) the amount of monthly or other periodic support owed under the order, and other amounts, including arrearages, interest, late payment penalties, or fees, due or overdue under the order;
 - (ii) any amount described in Subsection (1)(h)(i) that has been collected;
 - (iii) the distribution of collected amounts;
 - (iv) the birth date of any child for whom the order requires the provision of support; and
 - (v) the amount of any lien imposed with respect to the order pursuant to this part;
- (i) to contract with the Department of Workforce Services to establish and maintain the new hire registry created under Section 35A-7-103;
- (j) to determine whether an individual who has applied for or is receiving cash assistance or Medicaid is cooperating in good faith with the office as required by Section 26B-9-213;
- (k) to finance any costs incurred from collections, fees, General Fund appropriation, contracts, and federal financial participation;[-and]
- (l) to provide notice to a noncustodial parent in accordance with Section 26B-9-207 of the opportunity to contest the accuracy of allegations by a custodial parent of nonpayment of past-due child support, prior to taking action against a noncustodial parent to collect the alleged past-due support[-] ;
- (m) to review the child support guidelines, as that term is defined in Section 81-6-101, to ensure the application of the guidelines results in the determination of appropriate

child support award amounts; and

(n) to submit to the Judiciary Interim Committee, in accordance with Section 68-3-14, a summary of the review described in Subsection (1)(m) on or before October 1, 2025, and every four years thereafter on or before October 1.

(2) The office may not provide child support services to the Division of Child and Family Services for a calendar month when the child to whom the child support services relate is:

(a) in the custody of the Division of Child and Family Services; and

(b) lives in the home of a custodial parent of the child for more than seven consecutive days, regardless of whether:

(i) the greater than seven consecutive day period starts during one month and ends in the next month; and

(ii) the child is living in the home on a trial basis.

(3) The Division of Child and Family Services is not entitled to child support, for a child to whom the child support relates, for a calendar month when child support services may not be provided under Subsection (2).

(4) To conduct the review described in Subsection (1)(m), the office may consider input from the Judicial Council, members of the Utah State Bar Association representing attorneys who practice family law, individuals with economic expertise, and other interested parties.

Section 29. Section **53-22-102** is amended to read:

53-22-102 . State security chief -- Creation -- Appointment.

(1) There is created within the department a state security chief.

(2) The state security chief:

(a) is appointed by the commissioner with the approval of the governor;

(b) is subject to the supervision and control of the commissioner;

(c) may be removed at the will of the commissioner;

(d) shall be qualified by experience and education to:

(i) enforce the laws of this state relating to school safety;

(ii) perform duties prescribed by the commissioner; and

(iii) enforce rules made under this chapter.

(3) The state security chief shall:

(a) establish building and safety standards for all public and private schools, including:

(i) coordinating with the State Board of Education to establish the required minimum

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- safety and security standards for all public and private school facilities, including:
 - (A) limited entry points, including, if applicable, secured entry points for specific student grades or groups;
 - (B) video surveillance of entrances when school is in session;
 - (C) ground level windows protected by security film or ballistic windows;
 - (D) internal classroom door locks;
 - (E) bleed kits and first aid kits;
 - (F) exterior cameras on entrances, parking areas, and campus grounds; and
 - (G) fencing around playgrounds;
- (ii) establishing a schedule or timeline for existing buildings to come into compliance with this section;
- (iii) creating a process to examine plans and specifications for construction or remodeling of a school building, in accordance with Section 53E-3-706;
- (iv) recommending to the commissioner the denial or revocation a public or private school's occupancy permit for a building if:
 - (A) the building does not meet the standards established in this section; and
 - (B) after consultation with the local governing board, the building remains non-compliant with the standards established in this section;
- (v) creating minimum standards for radio communication equipment in every school; and
- (vi) establishing a process to approve the safety and security criteria the state superintendent of public instruction establishes for building inspectors described in Section 53E-3-706;
- (b) oversee the implementation of the school safety personnel requirements described in Section 53G-8-701.5, including:
 - (i) in consultation with a county security chief, overseeing the school guardian program described in Section 53-22-105, including approving and coordinating the relevant training programs;
 - (ii) establishing an application process for approved alternatives to the school safety personnel requirements described in Section 53G-8-701.5;
 - (iii) selecting training requirements for school safety and security specialists in consultation with the State Board of Education as described in Section 53G-8-701.6;
 - (iv) as required by Section 53G-8-701.8, tracking each school safety and security

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- director for a local education agency and ensuring that the contact information for the school safety and security directors is readily available to the local law enforcement agency of relevant jurisdiction; and
- (v) reviewing and approving the State Board of Education's school resource officer training program as described in Section 53G-8-702;
- (c) oversee the creation of school safety trainings, protocols, and incident responses, including:
 - (i) in consultation with the State Board of Education, defining what constitutes an "active threat" and "developmentally appropriate" for purposes of the emergency response training described in Section 53G-8-803;
 - (ii) in consultation with the Office of Substance ~~Abuse~~ Use and Mental Health, establishing or selecting an adolescent mental health and de-escalation training for school safety personnel;
 - (iii) consulting with the School Safety Center to develop the model critical incident response that all schools and law enforcement will use during a threat, including:
 - (A) standardized response protocol terminology for use throughout the state, including what constitutes a threat;
 - (B) protocols for planning and safety drills, including drills required in a school before the school year begins;
 - (C) integration and appropriate use of a panic alert device described in Subsection 53G-8-805;
 - (D) the establishment of incident command for a threat or safety incident, including which entity and individual runs the incident command;
 - (E) the required components for a communication plan to be followed during an incident or threat;
 - (F) reunification plan protocols, including the appropriate design and use of an incident command by others responding to or involved in an incident; and
 - (G) recommendations for safety equipment for schools, including amounts and types of first aid supplies;
 - (iv) reviewing and suggesting any changes to the response plans and training under Section 53G-8-803;
 - (v) creating the official standard response protocol described in Section 53G-8-803 for use by schools and law enforcement for school safety incidents; and
 - (vi) establishing a manner for any security personnel described in Section

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- 53G-8-701.5 to be quickly identified by law enforcement during an incident;
- (d) in consultation with the School Safety Center established in Section 53G-8-802:
 - (i) create a process to receive and analyze the school safety needs assessments described in Section 53G-8-701.5; and
 - (ii) establish a required data reporting system for public schools to report serious and non-serious threats and other data related to threat assessment that the state security chief determines to be necessary; and
- (e) fulfill any other duties and responsibilities determined by the commissioner.
- (4) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the department, in consultation with the state security chief, shall make rules to fulfill the duties described in this section.
- (5) The state security chief may delegate duties under this section to a sworn department member with the approval of the commissioner.

Section 30. Section **53-22-104.2** is amended to read:

53-22-104.2 . The School Security Task Force -- Education Advisory Board.

- (1) There is created an advisory board to the task force called the Education Advisory Board.
- (2) The advisory board shall consist of the following members:
 - (a) the state security chief, who acts as chair of the advisory board;
 - (b) the construction and facility specialist at the State Board of Education;
 - (c) a superintendent from a county of the fourth, fifth, or sixth class, whom the state security chief selects;
 - (d) a superintendent from a county of the first, second, or third class, whom the state security chief selects;
 - (e) a charter school director from a county of the fourth, fifth, or sixth class, whom the state security chief selects;
 - (f) a charter school director from a county of the first, second, or third class, whom the state security chief selects;
 - (g) the president of the Utah School Boards Association or the president's designee;
 - (h) a parent representative from a school community council or parent teacher organization, whom the state security chief selects;
 - (i) a facilities manager from an LEA in a county of the fourth, fifth, or sixth class, whom the state security chief selects;
 - (j) a facilities manager from an LEA in county of the first, second, or third class, whom

- the state security chief selects;
- (k) a representative of private schools, whom the state security chief selects; and
- (l) a member of the Office of Substance ~~Abuse~~ Use and Mental Health, whom the state security chief selects.

- (3) The advisory board's purpose is to:
 - (a) review and provide input on official business of the task force;
 - (b) provide recommendations and suggestions for the task force's consideration; and
 - (c) study and evaluate the policies, procedures, and programs implemented for school safety and provide proactive information regarding the implementation.

- (4)(a) A majority of the members of the advisory board constitutes a quorum.
 - (b) The action of a majority of a quorum constitutes an action of the advisory board.

- (5)(a) The advisory board shall select two members to serve as co-chairs.
 - (b) The co-chairs are responsible for the call and conduct of meetings.

- (6) The staff of the state security chief shall provide staff for the advisory board.

- (7) A member of the advisory board who is not a legislator may not receive compensation for the member's work associated with the task force but may receive per diem and reimbursement for travel expenses incurred as a member of the task force at the rates established by the Division of Finance under:

- (a) Sections 63A-3-106 and 63A-3-107; and
- (b) rules made by the Division of Finance in accordance with Sections 63A-3-106 and 63A-3-107.

Section 31. Section **53-22-105** is amended to read:

53-22-105 . School guardian program.

- (1) As used in this section:
 - (a) "Annual training" means an annual four-hour training that:
 - (i) a county security chief or a designee administers;
 - (ii) the state security chief approves;
 - (iii) can be tailored to local needs;
 - (iv) allows an individual to practice and demonstrate firearms proficiency at a firearms range using the firearm the individual carries for self defense and defense of others;
 - (v) includes the following components:
 - (A) firearm safety, including safe storage of a firearm;
 - (B) de-escalation tactics;

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- (C) the role of mental health in incidents; and
- (D) disability awareness and interactions; and
- (vi) contains other training needs as determined by the state security chief.
- (b) "Biannual training" means a twice-yearly training that:
 - (i) is at least four hours, unless otherwise approved by the state security chief;
 - (ii) a county security chief or a designee administers;
 - (iii) the state security chief approves;
 - (iv) can be tailored to local needs;[-and]
 - (v) through which a school guardian at a school or simulated school environment:
 - (A) receives training on the specifics of the building or buildings of the school, including the location of emergency supplies and security infrastructure; and
 - (B) participates in a live-action practice plan with school administrators in responding to active threats at the school; and
 - (vi) shall be taken with at least three months in between the two trainings.
- (c) "Firearm" means the same as that term is defined in Section 76-10-501.
- (d) "Initial training" means an in-person training that:
 - (i) a county security chief or a designee administers;
 - (ii) the state security chief approves;
 - (iii) can be tailored to local needs; and
 - (iv) provides:
 - (A) training on general familiarity with the types of firearms that can be concealed for self-defense and defense of others;
 - (B) training on the safe loading, unloading, storage, and carrying of firearms in a school setting;
 - (C) training at a firearms range with instruction regarding firearms fundamentals, marksmanship, the demonstration and explanation of the difference between sight picture, sight alignment, and trigger control, and a recognized pistol course;
 - (D) current laws dealing with the lawful use of a firearm by a private citizen, including laws on self-defense, defense of others, transportation of firearms, and concealment of firearms;
 - (E) coordination with law enforcement officers in the event of an active threat;
 - (F) basic trauma first aid;
 - (G) the appropriate use of force, emphasizing the de-escalation of force and

alternatives to using force; and

(H) situational response evaluations, including:

(I) protecting and securing a crime or accident scene;

(II) notifying law enforcement;

(III) controlling information; and

(IV) other training that the county sheriff, designee, or department deems appropriate.

(e) "Program" means the school guardian program created in this section.

(f)(i) "School employee" means an employee of a school whose duties and responsibilities require the employee to be physically present at a school's campus while school is in session.

(ii) "School employee" does not include a principal, teacher, or individual whose primary responsibilities require the employee to be primarily present in a classroom to teach, care for, or interact with students, unless:

(A) the principal, teacher, or individual is employed at a school with 100 or fewer students;

(B) the principal, teacher, or individual is employed at a school with adjacent campuses as determined by the state security chief; or

(C) as provided in Subsection 53G-8-701.5(3).

(g) "School guardian" means a school employee who meets the requirements of Subsection (3).

(2)(a)(i) There is created within the department the school guardian program[;] .

(ii) [the] The state security chief shall oversee the school guardian program[;] .

(iii) [the] The applicable county security chief shall administer the school guardian program in each county.

(b) The state security chief shall ensure that the school guardian program includes:

(i) initial training;

(ii) biannual training; and

(iii) annual training.

(c) A county sheriff may partner or contract with:

(i) another county sheriff to support the respective county security chiefs in jointly administering the school guardian program in the relevant counties; and

(ii) a local law enforcement agency of relevant jurisdiction to provide the:

(A) initial training;

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- (B) biannual training; and
- (C) annual training.

(3)(a) A school employee that volunteers to participate is eligible to join the program as a school guardian if:

- (i) the school administrator approves the volunteer school employee to be designated as a school guardian;
- (ii) the school employee satisfactorily completes initial training within six months before the day on which the school employee joins the program;
- (iii) the school employee holds a valid concealed carry permit issued under Title 53, Chapter 5, Part 7, Concealed Firearm Act;
- (iv) the school employee certifies to the sheriff of the county where the school is located that the school employee has undergone the training in accordance with Subsection (3)(a)(ii) and intends to serve as a school guardian; and
- (v) the school employee successfully completes a mental health screening selected by the state security chief in collaboration with the Office of Substance ~~Abuse~~ Use and Mental Health established in Section 26B-5-102.

(b) After joining the program a school guardian shall complete annual training and biannual training to retain the designation of a school guardian in the program.

(4) The state security chief shall:

- (a) for each school that participates in the program, track each school guardian at the school by collecting the photograph and the name and contact information for each guardian;
- (b) make the information described in Subsection (4)(a) readily available to each law enforcement agency in the state categorized by school; and
- (c) provide each school guardian with a one-time stipend of \$500.

(5) A school guardian:

- (a) may store the school guardian's firearm on the grounds of a school only if:
 - (i) the firearm is stored in a biometric gun safe;
 - (ii) the biometric gun safe is located in the school guardian's office; and
 - (iii) the school guardian is physically present on the grounds of the school while the firearm is stored in the safe;
- (b) shall carry the school guardian's firearm in a concealed manner; and
- (c) may not, unless during an active threat, display or open carry a firearm while on school grounds.

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- (6) Except as provided in Subsection (5)(c), this section does not prohibit an individual who has a valid concealed carry permit but is not participating in the program from carrying a firearm on the grounds of a public school or charter school under Subsection 76-10-505.5 (4).
- (7) A school guardian:
 - (a) does not have authority to act in a law enforcement capacity; and
 - (b) may, at the school where the school guardian is employed:
 - (i) take actions necessary to prevent or abate an active threat; and
 - (ii) temporarily detain an individual when the school guardian has reasonable cause to believe the individual has committed or is about to commit a forcible felony, as that term is defined in Section 76-2-402.
- (8) A school may designate a single volunteer or multiple volunteers to participate in the school guardian program to satisfy the school safety personnel requirements of Section 53G-8-701.5.
- (9) The department may adopt, according to Title 63G, Chapter 3, Utah Administrative Rulemaking Act, rules to administer this section.
- (10) A school guardian who has active status in the guardian program is not liable for any civil damages or penalties if the school guardian:
 - (a) when carrying or storing a firearm:
 - (i) is acting in good faith; and
 - (ii) is not grossly negligent; or
 - (b) threatens, draws, or otherwise uses a firearm reasonably believing the action to be necessary in compliance with Section 76-2-402.
- (11) A school guardian shall file a report described in Subsection (12) if, during the performance of the school guardian's duties, the school guardian points a firearm at an individual.
- (12)(a) A report described in Subsection (11) shall include:
 - (i) a description of the incident;
 - (ii) the identification of the individuals involved in the incident; and
 - (iii) any other information required by the state security chief.
- (b) A school guardian shall submit a report required under Subsection (11) to the school administrator, school safety and security director, and the state security chief within 48 hours after the incident.
- (c) The school administrator, school safety and security director, and the state security

chief shall consult and review the report submitted under Subsection (12)(b).

(13) The requirements of Subsections (11) and (12) do not apply to a training exercise.

(14) A school guardian may have the designation of school guardian revoked at any time by the school principal, county sheriff, or state security chief.

(15)(a) Any information or record created detailing a school guardian's participation in the program is:

(i) a private, controlled, or protected record under Title 63G, Chapter 2, Government Records Access and Management Act; and

(ii) available only to:

(A) the state security chief;

(B) administrators at the school guardian's school;

(C) if applicable, other school safety personnel described in Section 53G-8-701.5;

(D) a local law enforcement agency that would respond to the school in case of an emergency; and

(E) the individual designated by the county sheriff in accordance with Section 53-22-103 of the county of the school where the school guardian in the program is located.

(b) The information or record described in Subsection (15)(a) includes information related to the school guardian's identity and activity within the program as described in this section and any personal identifying information of a school guardian participating in the program collected or obtained during initial training, annual training, and biannual training.

(c) An individual who intentionally or knowingly provides the information described in Subsection (15)(a) to an individual or entity not listed in Subsection (15)(a)(ii) is guilty of a class B misdemeanor.

Section 32. Section **53G-8-701.6** is amended to read:

53G-8-701.6 . School safety and security specialist.

(1) As used in this section, "principal" means the chief administrator at a public school, including:

(a) a school principal;

(b) a charter school director; or

(c) the superintendent of the Utah Schools for the Deaf and the Blind.

(2)(a) Subject to Subsection (2)(b) and except as provided in Subsection 53G-8-701.5(3), every campus within an LEA shall designate a school safety and security specialist

from the employees of the relevant campus.

(b) The school safety and security specialist:

(i) may not be a principal; and

(ii) may be the school safety and security director at one campus within the LEA.

(3) The school safety and security specialist shall:

(a) report directly to the principal;

(b) oversee school safety and security practices to ensure a safe and secure school environment for students and staff;

(c) ensure adherence with all policies, procedures, protocols, rules, and regulations relating to school safety and security through collaborating and maintaining effective communications with the following as applicable:

(i) the principal;

(ii) school staff;

(iii) the school resource officer;

(iv) the armed school security guard;

(v) the school guardian;

(vi) local law enforcement;

(vii) the county security chief;

(viii) the school safety and security director;

(ix) the LEA; and

(x) school-based behavioral and mental health professionals;

(d) in collaboration with the county security chief or designee described in Section 53-22-103:

(i) conduct the school safety needs assessment described in Section 53G-8-701.5; and

(ii) conduct a building safety evaluation at least annually using the results of the school safety needs assessment to recommend and implement improvements to school facilities, policies, procedures, protocols, rules, and regulations relating to school safety and security;

(e) if the specialist is also an employee of an LEA, participate on the multidisciplinary team that the LEA establishes;

(f) conduct a behavioral threat assessment when the school safety and security specialist deems necessary using an evidence-based tool the state security chief recommends in consultation with the school safety center and the Office of Substance [Abuse] Use and Mental Health;

- (g) regularly monitor and report to the principal, local law enforcement, and, if applicable, the LEA superintendent or designee, security risks for the school resulting from:
 - (i) issues with school facilities; or
 - (ii) the implementation of practices, policies, procedures, and protocols relating to school safety and security;
- (h) coordinate with local first responder agencies to implement and monitor safety and security drills in accordance with policy and applicable procedures and protocols;
- (i) ensure that school staff, and, when appropriate, students, receive training on and remain current on the school's safety and security procedures and protocols;
- (j) following an event where security of the school has been significantly compromised, organize a debriefing with the individuals listed in Subsection (3)(c) regarding strengthening school safety and security practices, policies, procedures, and protocols;
- (k) abide by any LEA, school, or law enforcement agency policy outlining the chain of command;
- (l) during an emergency, coordinate with the following individuals as applicable, the:
 - (i) school resource officer;
 - (ii) school guardians;
 - (iii) armed school security guards;
 - (iv) school administrators; and
 - (v) responding law enforcement officers;
- (m) follow any LEA, school, or law enforcement agency student privacy policies, including state and federal privacy laws;
- (n) participate in an annual training the state security chief selects in consultation with the School Safety Center; and
- (o) remain current on:
 - (i) a comprehensive school guideline the state security chief selects;
 - (ii) the duties of a school safety and security specialist described in this Subsection (3); and
 - (iii) the school's emergency response plan.

(4) During an active emergency at the school, the school safety and security specialist is subordinate to any responding law enforcement officers.

Section 33. Section **63I-1-281** is amended to read:

63I-1-281 . Repeal dates: Title 81.

Title 81, Chapter 6, Part 4, Child Support Guidelines Advisory Committee, is repealed [July 1, 2026] May 7, 2025.

Section 34. Section **80-2-709** is amended to read:

80-2-709 . Division access to criminal background information for background screening and investigation.

- (1) The division shall have direct access to criminal background information maintained under Title 53, Chapter 10, Part 2, Bureau of Criminal Identification, for the purpose of:
 - (a) background screening under this chapter, Chapter 2a, Removal and Protective Custody of a Child, or Chapter 3, Abuse, Neglect, and Dependency Proceedings, including background screening of an individual who has direct access, as defined in Section ~~[62A-2-101]~~ 26B-2-101, to a minor:
 - (i) who is alleged to be or has been abused, neglected, or dependent; and
 - (ii) for whom the division has an open case; or
 - (b) investigation of abuse or neglect under this chapter, Chapter 2a, Removal and Protective Custody of a Child, or Chapter 3, Abuse, Neglect, and Dependency Proceedings.
- (2) Except as provided in Section 80-3-305, the division and the Office of Guardian Ad Litem are authorized to request the Department of Public Safety to conduct a complete Federal Bureau of Investigation criminal background check through the national criminal history system (NCIC).

Section 35. **Repealer.**

This bill repeals:

Section **26B-7-102, Director of family health services programs.**

Section 36. **Effective Date.**

This bill takes effect on May 7, 2025.