1	HEALTH AND HUMAN SERVICES RECODIFICATION -
2	PREVENTION, SUPPORTS, SUBSTANCE USE AND MENTAL
3	HEALTH
4	2023 GENERAL SESSION
5	STATE OF UTAH
6	Chief Sponsor: Jacob L. Anderegg
7	House Sponsor: Raymond P. Ward
8 9	LONG TITLE
10	General Description:
11	This bill recodifies portions of the Utah Health Code and Utah Human Services Code.
2	Highlighted Provisions:
3	This bill:
4	recodifies provisions regarding:
5	• substance use and mental health;
6	 long term services and supports, aging, and disabilities; and
7	 public health and prevention; and
8	makes technical and corresponding changes.
9	Money Appropriated in this Bill:
0.	None
21	Other Special Clauses:
22	This bill provides a coordination clause.
23	This bill provides revisor instructions.
24	Utah Code Sections Affected:
25	AMENDS:
26	26B-5-101, as enacted by Laws of Utah 2022, Chapter 255
27	26B-6-101, as enacted by Laws of Utah 2022, Chapter 255
28	26B-7-101, as enacted by Laws of Utah 2022, Chapter 255

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29
     ENACTS:
30
            26B-6-501, Utah Code Annotated 1953
31
            26B-6-601, Utah Code Annotated 1953
32
            26B-7-324, Utah Code Annotated 1953
     RENUMBERS AND AMENDS:
33
34
            26B-5-102, (Renumbered from 62A-15-103, as last amended by Laws of Utah 2022,
35
     Chapters 187, 255, and 415)
36
            26B-5-103, (Renumbered from 62A-15-104, as last amended by Laws of Utah 2022,
37
     Chapter 255)
38
            26B-5-104, (Renumbered from 62A-15-105, as last amended by Laws of Utah 2009,
39
     Chapter 75)
40
            26B-5-105, (Renumbered from 62A-15-105.2, as enacted by Laws of Utah 2012,
41
     Chapter 305)
42
            26B-5-106, (Renumbered from 62A-15-107, as last amended by Laws of Utah 2009,
43
     Chapter 75)
44
            26B-5-107, (Renumbered from 62A-15-108, as last amended by Laws of Utah 2009,
45
     Chapter 75)
            26B-5-108, (Renumbered from 62A-15-110, as last amended by Laws of Utah 2005,
46
47
     Chapter 71)
48
            26B-5-109, (Renumbered from 62A-15-113, as enacted by Laws of Utah 2017, Chapter
49
     315)
50
            26B-5-110, (Renumbered from 62A-15-103.1, as enacted by Laws of Utah 2019,
51
     Chapter 440)
52
            26B-5-111, (Renumbered from 62A-15-115, as enacted by Laws of Utah 2018, Chapter
53
     414)
54
            26B-5-112, (Renumbered from 62A-15-116, as last amended by Laws of Utah 2020,
55
     Chapter 303)
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26B-5-113, (Renumbered from 62A-15-117, as enacted by Laws of Utah 2019, Chapter
56
57
     446)
58
            26B-5-114, (Renumbered from 62A-15-118, as enacted by Laws of Utah 2020, Chapter
59
     303)
60
            26B-5-115, (Renumbered from 62A-15-119, as renumbered and amended by Laws of
61
     Utah 2020, Chapter 29)
62
            26B-5-116, (Renumbered from 62A-15-121, as enacted by Laws of Utah 2021, Chapter
63
     277)
64
            26B-5-117, (Renumbered from 62A-15-122, as enacted by Laws of Utah 2021, Chapter
65
     278)
66
            26B-5-118, (Renumbered from 62A-15-124, as enacted by Laws of Utah 2022, Chapter
67
     149)
68
            26B-5-119, (Renumbered from 62A-15-615, as renumbered and amended by Laws of
69
     Utah 2002, Fifth Special Session, Chapter 8)
70
            26B-5-201, (Renumbered from 62A-15-202, as last amended by Laws of Utah 2022,
71
     Chapter 155)
72
            26B-5-202, (Renumbered from 62A-15-203, as renumbered and amended by Laws of
73
     Utah 2002, Fifth Special Session, Chapter 8)
74
            26B-5-203, (Renumbered from 62A-15-204, as last amended by Laws of Utah 2022,
75
     Chapter 155)
76
            26B-5-204, (Renumbered from 62A-15-301, as renumbered and amended by Laws of
77
     Utah 2002, Fifth Special Session, Chapter 8)
78
            26B-5-205, (Renumbered from 62A-15-401, as last amended by Laws of Utah 2022,
79
     Chapter 447)
80
            26B-5-206, (Renumbered from 62A-15-403, as renumbered and amended by Laws of
81
     Utah 2022, Chapter 211)
82
            26B-5-207, (Renumbered from 62A-15-501, as last amended by Laws of Utah 2009,
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83
      Chapter 81)
84
             26B-5-208, (Renumbered from 62A-15-502, as last amended by Laws of Utah 2005,
 85
      Chapter 2)
 86
             26B-5-209, (Renumbered from 62A-15-503, as last amended by Laws of Utah 2020,
 87
      Chapter 230)
 88
             26B-5-210, (Renumbered from 62A-15-504, as renumbered and amended by Laws of
 89
      Utah 2002, Fifth Special Session, Chapter 8)
90
             26B-5-301, (Renumbered from 62A-15-602, as last amended by Laws of Utah 2022,
91
      Chapters 187 and 374)
92
             26B-5-302, (Renumbered from 62A-15-601, as renumbered and amended by Laws of
 93
      Utah 2002, Fifth Special Session, Chapter 8)
94
             26B-5-303, (Renumbered from 62A-15-603, as last amended by Laws of Utah 2018,
95
      Chapter 322)
96
             26B-5-304, (Renumbered from 62A-15-613, as last amended by Laws of Utah 2021,
97
      Chapter 344)
98
             26B-5-305, (Renumbered from 62A-15-614, as renumbered and amended by Laws of
99
      Utah 2002, Fifth Special Session, Chapter 8)
100
             26B-5-306, (Renumbered from 62A-15-610, as last amended by Laws of Utah 2011,
101
      Chapter 366)
102
             26B-5-307, (Renumbered from 62A-15-644, as last amended by Laws of Utah 2011,
103
      Chapter 366)
104
             26B-5-308, (Renumbered from 62A-15-639, as renumbered and amended by Laws of
105
      Utah 2002, Fifth Special Session, Chapter 8)
             26B-5-309, (Renumbered from 62A-15-640, as renumbered and amended by Laws of
106
107
      Utah 2002, Fifth Special Session, Chapter 8)
             26B-5-310, (Renumbered from 62A-15-641, as last amended by Laws of Utah 2017,
108
109
      Chapter 408)
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110	26B-5-311, (Renumbered from 62A-15-642, as renumbered and amended by Laws of
111	Utah 2002, Fifth Special Session, Chapter 8)
112	26B-5-312, (Renumbered from 62A-15-643, as renumbered and amended by Laws of
113	Utah 2002, Fifth Special Session, Chapter 8)
114	26B-5-313, (Renumbered from 62A-15-1002, as renumbered and amended by Laws of
115	Utah 2002, Fifth Special Session, Chapter 8)
116	26B-5-314, (Renumbered from 62A-15-1003, as renumbered and amended by Laws of
117	Utah 2002, Fifth Special Session, Chapter 8)
118	26B-5-315, (Renumbered from 62A-15-1004, as renumbered and amended by Laws of
119	Utah 2002, Fifth Special Session, Chapter 8)
120	26B-5-316, (Renumbered from 62A-15-607, as last amended by Laws of Utah 2008,
121	Chapter 3)
122	26B-5-317, (Renumbered from 62A-15-617, as renumbered and amended by Laws of
123	Utah 2002, Fifth Special Session, Chapter 8)
124	26B-5-318, (Renumbered from 62A-15-619, as last amended by Laws of Utah 2011,
125	Chapter 366)
126	26B-5-319, (Renumbered from 62A-15-604, as last amended by Laws of Utah 2015,
127	Chapter 121)
128	26B-5-320, (Renumbered from 62A-15-621, as renumbered and amended by Laws of
129	Utah 2002, Fifth Special Session, Chapter 8)
130	26B-5-321, (Renumbered from 62A-15-622, as renumbered and amended by Laws of
131	Utah 2002, Fifth Special Session, Chapter 8)
132	26B-5-322, (Renumbered from 62A-15-623, as renumbered and amended by Laws of
133	Utah 2002, Fifth Special Session, Chapter 8)
134	26B-5-323, (Renumbered from 62A-15-624, as renumbered and amended by Laws of
135	Utah 2002, Fifth Special Session, Chapter 8)
136	26B-5-324, (Renumbered from 62A-15-608, as last amended by Laws of Utah 2011,

137	Chapter 366)
138	26B-5-325, (Renumbered from 62A-15-609, as renumbered and amended by Laws of
139	Utah 2002, Fifth Special Session, Chapter 8)
140	26B-5-326, (Renumbered from 62A-15-611, as last amended by Laws of Utah 2018,
141	Chapter 330)
142	26B-5-327, (Renumbered from 62A-15-612, as last amended by Laws of Utah 2021,
143	Chapter 382)
144	26B-5-330, (Renumbered from 62A-15-628, as last amended by Laws of Utah 2018,
145	Chapter 322)
146	26B-5-331, (Renumbered from 62A-15-629, as last amended by Laws of Utah 2022,
147	Chapters 341 and 374)
148	26B-5-332, (Renumbered from 62A-15-631, as last amended by Laws of Utah 2022,
149	Chapter 374)
150	26B-5-333, (Renumbered from 62A-15-632, as repealed and reenacted by Laws of Utah
151	2021, Chapter 122)
152	26B-5-334, (Renumbered from 62A-15-634, as renumbered and amended by Laws of
153	Utah 2002, Fifth Special Session, Chapter 8)
154	26B-5-335, (Renumbered from 62A-15-635, as last amended by Laws of Utah 2018,
155	Chapter 322)
156	26B-5-336, (Renumbered from 62A-15-636, as renumbered and amended by Laws of
157	Utah 2002, Fifth Special Session, Chapter 8)
158	26B-5-337, (Renumbered from 62A-15-637, as last amended by Laws of Utah 2019,
159	Chapter 419)
160	26B-5-338, (Renumbered from 62A-15-638, as renumbered and amended by Laws of
161	Utah 2002, Fifth Special Session, Chapter 8)
162	26B-5-339, (Renumbered from 62A-15-618, as last amended by Laws of Utah 2019,
163	Chapters 256 and 419)

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164
              26B-5-340, (Renumbered from 62A-15-630, as last amended by Laws of Utah 2008,
165
      Chapter 3)
166
             26B-5-341, (Renumbered from 62A-15-626, as last amended by Laws of Utah 2021,
167
      Chapter 262)
168
              26B-5-342, (Renumbered from 62A-15-620, as renumbered and amended by Laws of
169
      Utah 2002, Fifth Special Session, Chapter 8)
170
             26B-5-350, (Renumbered from 62A-15-630.4, as enacted by Laws of Utah 2019,
171
      Chapter 256)
172
             26B-5-351, (Renumbered from 62A-15-630.5, as last amended by Laws of Utah 2021,
173
      Chapter 122)
174
             26B-5-360, (Renumbered from 62A-15-625, as last amended by Laws of Utah 2021,
175
      Chapter 260)
176
             26B-5-361, (Renumbered from 62A-15-627, as last amended by Laws of Utah 2022,
177
      Chapter 374)
178
             26B-5-362, (Renumbered from 62A-15-646, as renumbered and amended by Laws of
179
      Utah 2002, Fifth Special Session, Chapter 8)
             26B-5-363, (Renumbered from 62A-15-616, as last amended by Laws of Utah 2011,
180
181
      Chapter 366)
              26B-5-364, (Renumbered from 62A-15-633, as renumbered and amended by Laws of
182
183
      Utah 2002, Fifth Special Session, Chapter 8)
184
              26B-5-365, (Renumbered from 62A-15-801, as renumbered and amended by Laws of
185
      Utah 2002, Fifth Special Session, Chapter 8)
              26B-5-366, (Renumbered from 62A-15-802, as renumbered and amended by Laws of
186
187
      Utah 2002, Fifth Special Session, Chapter 8)
188
             26B-5-367, (Renumbered from 62A-15-647, as renumbered and amended by Laws of
189
      Utah 2002, Fifth Special Session, Chapter 8)
190
              26B-5-370, (Renumbered from 62A-15-901, as renumbered and amended by Laws of
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191	Utah 2002, Fifth Special Session, Chapter 8)
192	26B-5-371, (Renumbered from 62A-15-902, as last amended by Laws of Utah 2011,
193	Chapter 366)
194	26B-5-372, (Renumbered from 62A-15-605.5, as renumbered and amended by Laws of
195	Utah 2002, Fifth Special Session, Chapter 8)
196	26B-5-380, (Renumbered from 62A-1-108.5, as last amended by Laws of Utah 2021,
197	Chapter 262)
198	26B-5-401, (Renumbered from 62A-15-701, as last amended by Laws of Utah 2003,
199	Chapter 195)
200	26B-5-402, (Renumbered from 62A-15-702, as renumbered and amended by Laws of
201	Utah 2002, Fifth Special Session, Chapter 8)
202	26B-5-403, (Renumbered from 62A-15-703, as last amended by Laws of Utah 2021,
203	Chapter 262)
204	26B-5-404, (Renumbered from 62A-15-704, as last amended by Laws of Utah 2008,
205	Chapter 382)
206	26B-5-405, (Renumbered from 62A-15-705, as last amended by Laws of Utah 2021,
207	Chapter 261)
208	26B-5-406, (Renumbered from 62A-15-706, as last amended by Laws of Utah 2011,
209	Chapter 366)
210	26B-5-407, (Renumbered from 62A-15-707, as last amended by Laws of Utah 2008,
211	Chapter 382)
212	26B-5-408, (Renumbered from 62A-15-708, as renumbered and amended by Laws of
213	Utah 2002, Fifth Special Session, Chapter 8)
214	26B-5-409, (Renumbered from 62A-15-709, as renumbered and amended by Laws of
215	Utah 2002, Fifth Special Session, Chapter 8)
216	26B-5-410, (Renumbered from 62A-15-710, as renumbered and amended by Laws of
217	Utah 2002, Fifth Special Session, Chapter 8)

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218
             26B-5-411, (Renumbered from 62A-15-711, as renumbered and amended by Laws of
219
       Utah 2002, Fifth Special Session, Chapter 8)
220
             26B-5-412, (Renumbered from 62A-15-712, as last amended by Laws of Utah 2013,
221
       Chapter 167)
222
             26B-5-413, (Renumbered from 62A-15-713, as last amended by Laws of Utah 2005,
223
       Chapter 71)
224
             26B-5-501, (Renumbered from 62A-15-1202, as last amended by Laws of Utah 2018,
225
       Chapter 77)
226
             26B-5-502, (Renumbered from 62A-15-1201, as enacted by Laws of Utah 2017,
227
       Chapter 408)
228
             26B-5-503, (Renumbered from 62A-15-1203, as last amended by Laws of Utah 2018,
229
       Chapter 77)
230
             26B-5-504, (Renumbered from 62A-15-1204, as enacted by Laws of Utah 2017,
231
       Chapter 408)
232
             26B-5-505, (Renumbered from 62A-15-1205, as last amended by Laws of Utah 2018,
233
       Chapter 77)
234
             26B-5-506, (Renumbered from 62A-15-1205.5, as enacted by Laws of Utah 2018,
235
       Chapter 77)
236
             26B-5-507. (Renumbered from 62A-15-1206, as enacted by Laws of Utah 2017.
237
       Chapter 408)
238
             26B-5-508, (Renumbered from 62A-15-1207, as last amended by Laws of Utah 2018,
239
       Chapter 77)
240
             26B-5-509, (Renumbered from 62A-15-1207.5, as enacted by Laws of Utah 2018,
241
       Chapter 77)
             26B-5-510, (Renumbered from 62A-15-1208, as enacted by Laws of Utah 2017,
242
243
       Chapter 408)
244
             26B-5-511, (Renumbered from 62A-15-1209, as enacted by Laws of Utah 2017,
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245
       Chapter 408)
246
             26B-5-601, (Renumbered from 62A-17-102, as enacted by Laws of Utah 2013, Chapter
247
       24)
248
             26B-5-602, (Renumbered from 62A-17-103, as last amended by Laws of Utah 2017,
249
       Chapter 22)
250
              26B-5-603, (Renumbered from 62A-17-104, as enacted by Laws of Utah 2013, Chapter
251
       24)
252
             26B-5-604, (Renumbered from 62A-17-105, as enacted by Laws of Utah 2013, Chapter
253
       24)
254
             26B-5-605, (Renumbered from 62A-17-106, as enacted by Laws of Utah 2013, Chapter
255
       24)
256
             26B-5-606, (Renumbered from 62A-15-1802, as enacted by Laws of Utah 2020,
257
       Chapter 304)
258
             26B-5-607, (Renumbered from 62A-15-1803, as enacted by Laws of Utah 2020,
259
       Chapter 304)
260
             26B-5-608, (Renumbered from 62A-15-1804, as enacted by Laws of Utah 2020,
261
       Chapter 304)
262
             26B-5-609, (Renumbered from 62A-15-1402, as enacted by Laws of Utah 2018,
263
       Chapter 84)
264
             26B-5-610, (Renumbered from 62A-15-1302, as last amended by Laws of Utah 2020,
265
       Chapter 303)
             26B-5-611, (Renumbered from 62A-15-1101, as last amended by Laws of Utah 2022,
266
267
       Chapter 149)
              26B-5-612, (Renumbered from 26-1-43, as enacted by Laws of Utah 2022, Chapter 253
268
269
       and further amended by Revisor Instructions, Laws of Utah 2022, Chapter 189)
270
             26B-6-102, (Renumbered from 62A-3-102, as last amended by Laws of Utah 1990,
271
       Chapter 181)
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272
             26B-6-103, (Renumbered from 62A-3-103, as last amended by Laws of Utah 1992,
273
       Chapter 104)
274
             26B-6-104, (Renumbered from 62A-3-104, as last amended by Laws of Utah 2012,
275
       Chapter 347)
276
             26B-6-105, (Renumbered from 62A-3-104.1, as last amended by Laws of Utah 2018,
277
       Chapter 256)
278
             26B-6-106, (Renumbered from 62A-3-104.2, as last amended by Laws of Utah 1998,
279
       Chapter 254)
280
             26B-6-107, (Renumbered from 62A-3-104.3, as last amended by Laws of Utah 2015,
281
       Chapter 255)
282
             26B-6-108, (Renumbered from 62A-3-105, as last amended by Laws of Utah 2013,
283
       Chapter 110)
284
             26B-6-109, (Renumbered from 62A-3-106, as enacted by Laws of Utah 1988, Chapter
285
       1)
286
             26B-6-110, (Renumbered from 62A-3-106.5, as last amended by Laws of Utah 2008,
287
       Chapter 382)
288
             26B-6-111, (Renumbered from 62A-3-107, as last amended by Laws of Utah 2010,
289
       Chapter 286)
290
             26B-6-112, (Renumbered from 62A-3-107.5, as enacted by Laws of Utah 1996,
291
       Chapter 299)
292
             26B-6-113, (Renumbered from 62A-3-108, as last amended by Laws of Utah 1998,
293
       Chapter 254)
294
             26B-6-114, (Renumbered from 62A-3-109, as last amended by Laws of Utah 2008,
295
       Chapters 91 and 382)
296
             26B-6-201, (Renumbered from 62A-3-301, as last amended by Laws of Utah 2022,
297
       Chapter 430)
298
             26B-6-202, (Renumbered from 62A-3-302, as last amended by Laws of Utah 2017,
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299
      Chapter 176)
300
             26B-6-203, (Renumbered from 62A-3-303, as last amended by Laws of Utah 2017,
301
      Chapter 176)
302
             26B-6-204, (Renumbered from 62A-3-304, as last amended by Laws of Utah 2008,
303
      Chapter 91)
304
             26B-6-205, (Renumbered from 62A-3-305, as last amended by Laws of Utah 2022,
305
      Chapters 274, 335, and 415)
306
             26B-6-206, (Renumbered from 62A-3-307, as repealed and reenacted by Laws of Utah
307
      2008, Chapter 91)
308
             26B-6-207, (Renumbered from 62A-3-308, as last amended by Laws of Utah 2008,
309
      Chapter 91)
310
             26B-6-208, (Renumbered from 62A-3-309, as last amended by Laws of Utah 2013,
311
      Chapter 237)
312
             26B-6-209, (Renumbered from 62A-3-311, as last amended by Laws of Utah 2008,
313
      Chapters 91 and 382)
314
             26B-6-210, (Renumbered from 62A-3-311.1, as last amended by Laws of Utah 2022,
315
      Chapter 415)
316
             26B-6-211, (Renumbered from 62A-3-311.5, as enacted by Laws of Utah 2008,
317
      Chapter 91)
318
             26B-6-212, (Renumbered from 62A-3-312, as last amended by Laws of Utah 2022,
319
      Chapter 415)
             26B-6-213, (Renumbered from 62A-3-314, as last amended by Laws of Utah 2007,
320
321
      Chapter 176)
             26B-6-214, (Renumbered from 62A-3-315, as last amended by Laws of Utah 2017,
322
323
      Chapter 176)
324
             26B-6-215, (Renumbered from 62A-3-316, as enacted by Laws of Utah 2002, Chapter
325
       108)
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326
             26B-6-216, (Renumbered from 62A-3-317, as last amended by Laws of Utah 2017,
327
      Chapter 176)
328
             26B-6-217, (Renumbered from 62A-3-320, as last amended by Laws of Utah 2017,
329
      Chapter 176)
330
             26B-6-218, (Renumbered from 62A-3-321, as last amended by Laws of Utah 2017,
331
      Chapter 176)
332
             26B-6-219, (Renumbered from 62A-3-322, as enacted by Laws of Utah 2018, Third
333
      Special Session, Chapter 1)
334
             26B-6-301, (Renumbered from 62A-14-102, as last amended by Laws of Utah 2013,
335
      Chapter 364)
336
             26B-6-302, (Renumbered from 62A-14-103, as enacted by Laws of Utah 1999, Chapter
337
      69)
338
             26B-6-303, (Renumbered from 62A-14-104, as last amended by Laws of Utah 2009,
339
      Chapter 75)
340
             26B-6-304, (Renumbered from 62A-14-105, as last amended by Laws of Utah 2022,
341
      Chapter 441)
342
             26B-6-305, (Renumbered from 62A-14-107, as enacted by Laws of Utah 1999, Chapter
343
      69)
344
             26B-6-306, (Renumbered from 62A-14-108, as last amended by Laws of Utah 2022,
345
      Chapter 255)
346
             26B-6-307, (Renumbered from 62A-14-109, as last amended by Laws of Utah 2012,
347
      Chapter 347)
348
             26B-6-308, (Renumbered from 62A-14-110, as enacted by Laws of Utah 1999, Chapter
      69)
349
350
             26B-6-309, (Renumbered from 62A-14-111, as enacted by Laws of Utah 1999, Chapter
351
      69)
352
             26B-6-401, (Renumbered from 62A-5-101, as last amended by Laws of Utah 2020,
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353
      Chapter 444)
354
             26B-6-402, (Renumbered from 62A-5-102, as last amended by Laws of Utah 2020,
355
      Chapter 444)
356
             26B-6-403, (Renumbered from 62A-5-103, as last amended by Laws of Utah 2011,
357
      Chapter 366)
358
             26B-6-404, (Renumbered from 62A-5-104, as last amended by Laws of Utah 2012,
359
      Chapter 369)
360
             26B-6-405, (Renumbered from 62A-5-105, as last amended by Laws of Utah 2013,
361
      Chapter 167)
362
             26B-6-406, (Renumbered from 62A-5-106, as enacted by Laws of Utah 1988, Chapter
363
      1)
364
             26B-6-407, (Renumbered from 62A-5-103.1, as last amended by Laws of Utah 2013,
365
      Chapter 125)
366
             26B-6-408, (Renumbered from 62A-5-103.2, as last amended by Laws of Utah 2009,
367
      Chapter 29)
368
             26B-6-409, (Renumbered from 62A-5-103.3, as enacted by Laws of Utah 2011,
369
      Chapter 169)
370
             26B-6-410, (Renumbered from 62A-5-103.5, as last amended by Laws of Utah 2017,
371
      Chapter 181)
372
             26B-6-411, (Renumbered from 62A-5-109, as last amended by Laws of Utah 2008,
373
      Chapter 3)
374
             26B-6-412, (Renumbered from 62A-5-110, as last amended by Laws of Utah 2018,
375
      Chapter 88)
             26B-6-413, (Renumbered from 62A-5-402, as last amended by Laws of Utah 2005,
376
377
      Chapter 61)
             26B-6-502, (Renumbered from 62A-5-201, as last amended by Laws of Utah 2017,
378
379
      Chapter 211)
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380
             26B-6-503, (Renumbered from 62A-5-202, as last amended by Laws of Utah 2009,
381
      Chapter 75)
382
             26B-6-504, (Renumbered from 62A-5-203, as last amended by Laws of Utah 1991,
383
      Chapter 207)
384
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	26B-7-520, (Renumbered from 26-62-307, as renumbered and amended by Laws of
Uta	th 2018, Chapter 231)
	26B-7-521, (Renumbered from 26-62-401, as last amended by Laws of Utah 2021,
Cha	apter 348)
Uta	ah Code Sections Affected by Coordination Clause:
	62A-17-102 , as enacted by Laws of Utah 2013, Chapter 24
Ве	it enacted by the Legislature of the state of Utah:
	Section 1. Section 26B-5-101 is amended to read:
	CHAPTER 5. HEALTH CARE - SUBSTANCE USE AND MENTAL HEALTH
	Part 1. General Provisions
	26B-5-101. Chapter definitions.
	[Reserved.]
	As used in this chapter:
	(1) "Criminal risk factors" means a person's characteristics and behaviors that:
	(a) affect the person's risk of engaging in criminal behavior; and
	(b) are diminished when addressed by effective treatment, supervision, and other
sup	port resources, resulting in reduced risk of criminal behavior.
	(2) "Director" means the director appointed under Section 26B-5-103.
	(3) "Division" means the Division of Integrated Healthcare created in Section
<u>26</u> I	<u>3-1-202.</u>
	(4) "Local mental health authority" means a county legislative body.
	(5) "Local substance abuse authority" means a county legislative body.
	(6) "Mental health crisis" means:
	(a) a mental health condition that manifests in an individual by symptoms of sufficient
sev	erity that a prudent layperson who possesses an average knowledge of mental health issues
COL	ald reasonably expect the absence of immediate attention or intervention to result in:

704	(i) serious danger to the individual's health or well-being; or
705	(ii) a danger to the health or well-being of others; or
706	(b) a mental health condition that, in the opinion of a mental health therapist or the
707	therapist's designee, requires direct professional observation or intervention.
708	(7) "Mental health crisis response training" means community-based training that
709	educates laypersons and professionals on the warning signs of a mental health crisis and how to
710	respond.
711	(8) "Mental health crisis services" means an array of services provided to an individual
712	who experiences a mental health crisis, which may include:
713	(a) direct mental health services;
714	(b) on-site intervention provided by a mobile crisis outreach team;
715	(c) the provision of safety and care plans;
716	(d) prolonged mental health services for up to 90 days after the day on which an
717	individual experiences a mental health crisis;
718	(e) referrals to other community resources;
719	(f) local mental health crisis lines; and
720	(g) the statewide mental health crisis line.
721	(9) "Mental health therapist" means the same as that term is defined in Section
722	<u>58-60-102.</u>
723	(10) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and
724	mental health professionals that, in coordination with local law enforcement and emergency
725	medical service personnel, provides mental health crisis services.
726	(11) "Office" means the Office of Substance Use and Mental Health created in Section
727	<u>26B-5-102.</u>
728	(12) (a) "Public funds" means federal money received from the department, and state
729	money appropriated by the Legislature to the department, a county governing body, or a local
730	substance abuse authority, or a local mental health authority for the purposes of providing

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731	substance abuse or mental health programs or services.
732	(b) "Public funds" include federal and state money that has been transferred by a local
733	substance abuse authority or a local mental health authority to a private provider under an
734	annual or otherwise ongoing contract to provide comprehensive substance abuse or mental
735	health programs or services for the local substance abuse authority or local mental health
736	authority. The money maintains the nature of "public funds" while in the possession of the
737	private entity that has an annual or otherwise ongoing contract with a local substance abuse
738	authority or a local mental health authority to provide comprehensive substance use or mental
739	health programs or services for the local substance abuse authority or local mental health
740	authority.
741	(c) Public funds received for the provision of services under substance use or mental
742	health service plans may not be used for any other purpose except those authorized in the
743	contract between the local mental health or substance abuse authority and provider for the
744	provision of plan services.
745	(13) "Severe mental disorder" means schizophrenia, major depression, bipolar
746	disorders, delusional disorders, psychotic disorders, and other mental disorders as defined by
747	the division.
748	(14) "Stabilization services" means in-home services provided to a child with, or who
749	is at risk for, complex emotional and behavioral needs, including teaching the child's parent or
750	guardian skills to improve family functioning.
751	(15) "Statewide mental health crisis line" means the same as that term is defined in
752	Section 26B-5-610.
753	(16) "System of care" means a broad, flexible array of services and supports that:
754	(a) serve a child with or who is at risk for complex emotional and behavioral needs;
755	(b) are community based;
756	(c) are informed about trauma;

(d) build meaningful partnerships with families and children;

758	(e) integrate service planning, service coordination, and management across state and
759	local entities;
760	(f) include individualized case planning;
761	(g) provide management and policy infrastructure that supports a coordinated network
762	of interdepartmental service providers, contractors, and service providers who are outside of
763	the department; and
764	(h) are guided by the type and variety of services needed by a child with or who is at
765	risk for complex emotional and behavioral needs and by the child's family.
766	Section 2. Section 26B-5-102, which is renumbered from Section 62A-15-103 is
767	renumbered and amended to read:
768	[62A-15-103]. 26B-5-102. Division of Integrated Healthcare Office of
769	Substance Use and Mental Health Creation Responsibilities.
770	(1) (a) The [division] <u>Division of Integrated Healthcare</u> shall exercise responsibility
771	over the policymaking functions, regulatory and enforcement powers, rights, duties, and
772	responsibilities outlined in state law that were previously vested in the Division of Substance
773	Abuse and Mental Health within the department, under the administration and general
774	supervision of the executive director.
775	(b) The division is the substance abuse authority and the mental health authority for
776	this state.
777	(c) There is created the Office of Substance Use and Mental Health within the division.
778	(d) The office shall exercise the responsibilities, powers, rights, duties, and
779	responsibilities assigned to the office by the executive director.
780	(2) The division shall:
781	(a) (i) educate the general public regarding the nature and consequences of substance
782	[abuse] use by promoting school and community-based prevention programs;
783	(ii) render support and assistance to public schools through approved school-based
784	substance abuse education programs aimed at prevention of substance [abuse] use;

/85	(iii) promote or establish programs for the prevention of substance [abuse] use within
786	the community setting through community-based prevention programs;
787	(iv) cooperate with and assist treatment centers, recovery residences, and other
788	organizations that provide services to individuals recovering from a substance [abuse] use
789	disorder, by identifying and disseminating information about effective practices and programs;
790	(v) promote integrated programs that address an individual's substance [abuse] use,
791	mental health, and physical health;
792	(vi) establish and promote an evidence-based continuum of screening, assessment,
793	prevention, treatment, and recovery support services in the community for individuals with a
794	substance use disorder or mental illness;
795	(vii) evaluate the effectiveness of programs described in this Subsection (2);
796	(viii) consider the impact of the programs described in this Subsection (2) on:
797	(A) emergency department utilization;
798	(B) jail and prison populations;
799	(C) the homeless population; and
800	(D) the child welfare system; and
801	(ix) promote or establish programs for education and certification of instructors to
802	educate individuals convicted of driving under the influence of alcohol or drugs or driving with
803	any measurable controlled substance in the body;
804	(b) (i) collect and disseminate information pertaining to mental health;
805	(ii) provide direction over the state hospital including approval of the state hospital's
806	budget, administrative policy, and coordination of services with local service plans;
807	(iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
808	Rulemaking Act, to educate families concerning mental illness and promote family
809	involvement, when appropriate, and with patient consent, in the treatment program of a family
810	member; and
811	(iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative

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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 [62A-15-1002] 26B-5-313; (c) (i) consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services; (ii) provide consultation and other assistance to public and private agencies and groups working on substance [abuse] 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 [abuse] 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 [abuse] 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] use authority or local mental health authority;

(ix) contract with local substance abuse authorities and local mental health authorities

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839	to provide a comprehensive continuum of services that include community-based services for
840	individuals involved in the criminal justice system, in accordance with division policy, contract
841	provisions, and the local plan;
842	(x) contract with private and public entities for special statewide or nonclinical
843	services, or services for individuals involved in the criminal justice system, according to
844	division rules;
845	(xi) review and approve each local substance abuse authority's plan and each local
846	mental health authority's plan in order to ensure:
847	(A) a statewide comprehensive continuum of substance [abuse] use services;
848	(B) a statewide comprehensive continuum of mental health services;
849	(C) services result in improved overall health and functioning;
850	(D) a statewide comprehensive continuum of community-based services designed to
851	reduce criminal risk factors for individuals who are determined to have substance [abuse] use
852	or mental illness conditions or both, and who are involved in the criminal justice system;
853	(E) compliance, where appropriate, with the certification requirements in Subsection
854	(2)(j); and
855	(F) appropriate expenditure of public funds;
856	(xii) review and make recommendations regarding each local substance abuse
857	authority's contract with the local substance abuse authority's provider of substance $[\underline{abuse}]~\underline{use}$
858	programs and services and each local mental health authority's contract with the local mental
859	health authority's provider of mental health programs and services to ensure compliance with
860	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

866	money;
867	(d) ensure that the requirements of this part are met and applied uniformly by local
868	substance abuse authorities and local mental health authorities across the state;
869	(e) require each local substance abuse authority and each local mental health authority,
870	in accordance with Subsections 17-43-201(5)(b) and 17-43-301(6)(a)(ii), to submit a plan to
871	the division on or before May 15 of each year;
872	(f) conduct an annual program audit and review of each local substance abuse authority
873	and each local substance abuse authority's contract provider, and each local mental health
874	authority and each local mental health authority's contract provider, including:
875	(i) a review and determination regarding whether:
876	(A) public funds allocated to the local substance abuse authority or the local mental
877	health authorities are consistent with services rendered by the authority or the authority's
878	contract provider, and with outcomes reported by the authority's contract provider; and
879	(B) each local substance abuse authority and each local mental health authority is
880	exercising sufficient oversight and control over public funds allocated for substance use
881	disorder and mental health programs and services; and
882	(ii) items determined by the division to be necessary and appropriate;
883	(g) define "prevention" by rule as required under Title 32B, Chapter 2, Part 4,
884	Alcoholic Beverage and Substance Abuse Enforcement and Treatment Restricted Account Act
885	(h) (i) train and certify an adult as a peer support specialist, qualified to provide peer
886	supports services to an individual with:
887	(A) a substance use disorder;
888	(B) a mental health disorder; or
889	(C) a substance use disorder and a mental health disorder;
890	(ii) certify a person to carry out, as needed, the division's duty to train and certify an
891	adult as a peer support specialist;
892	(iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative

893	Rulemaking Act, that:
894	(A) establish training and certification requirements for a peer support specialist;
895	(B) specify the types of services a peer support specialist is qualified to provide;
896	(C) specify the type of supervision under which a peer support specialist is required to
897	operate; and
898	(D) specify continuing education and other requirements for maintaining or renewing
899	certification as a peer support specialist; and
900	(iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
901	Rulemaking Act, that:
902	(A) establish the requirements for a person to be certified to carry out, as needed, the
903	division's duty to train and certify an adult as a peer support specialist; and
904	(B) specify how the division shall provide oversight of a person certified to train and
905	certify a peer support specialist;
906	(i) collaborate with the State Commission on Criminal and Juvenile Justice to analyze
907	and provide recommendations to the Legislature regarding:
908	(i) pretrial services and the resources needed to reduce recidivism;
909	(ii) county jail and county behavioral health early-assessment resources needed for an
910	individual convicted of a class A or class B misdemeanor; and
911	(iii) the replacement of federal dollars associated with drug interdiction law
912	enforcement task forces that are reduced;
913	(j) establish performance goals and outcome measurements for a mental health or
914	substance use treatment program that is licensed under Chapter 2, [Licensure of] Part 1, Human
915	Services Programs and Facilities, and contracts with the department, including goals and
916	measurements related to employment and reducing recidivism of individuals receiving mental
917	health or substance use treatment who are involved with the criminal justice system;
918	(k) annually, on or before November 30, submit a written report to the Judiciary
919	Interim Committee, the Health and Human Services Interim Committee, and the Law

920 Enforcement and Criminal Justice Interim Committee, that includes: 921 (i) a description of the performance goals and outcome measurements described in 922 Subsection (2)(j); and 923 (ii) information on the effectiveness of the goals and measurements in ensuring 924 appropriate and adequate mental health or substance use treatment is provided in a treatment 925 program described in Subsection (2)(i): 926 (1) collaborate with the Administrative Office of the Courts, the Department of 927 Corrections, the Department of Workforce Services, and the Board of Pardons and Parole to 928 collect data on recidivism, including data on: 929 (i) individuals who participate in a mental health or substance use treatment program 930 while incarcerated and are convicted of another offense within two years after release from 931 incarceration; 932 (ii) individuals who are ordered by a criminal court or the Board of Pardons and Parole 933 to participate in a mental health or substance use treatment program and are convicted of 934 another offense while participating in the treatment program or within two years after the day 935 on which the treatment program ends; 936 (iii) the type of treatment provided to, and employment of, the individuals described in 937 Subsections (2)(1)(i) and (ii); and 938 (iv) cost savings associated with recidivism reduction and the reduction in the number 939 of inmates in the state; 940 (m) at the division's discretion, use the data described in Subsection (2)(1) to make 941 decisions regarding the use of funds allocated to the division to provide treatment; 942 (n) annually, on or before August 31, submit the data collected under Subsection (2)(1) 943 and any recommendations to improve the data collection to the State Commission on Criminal 944 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:

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(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 [abuse] 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 [abuse] 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 [abuse] use disorder; and
- (iii) providing referrals to pregnant women, pregnant minors, or parents of a newborn child in need of substance [abuse] 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

974	from possessing firearms;
975	(C) information about suicide prevention awareness; and
976	(D) information about the availability of firearm safety packets;
977	(ii) procure cable-style gun locks for distribution under this section;
978	(iii) produce a firearm safety packet that includes the firearm safety brochure and the
979	cable-style gun lock described in this Subsection (3); and
980	(iv) create a suicide prevention education course that:
981	(A) provides information for distribution regarding firearm safety education;
982	(B) incorporates current information on how to recognize suicidal behaviors and
983	identify individuals who may be suicidal; and
984	(C) provides information regarding crisis intervention resources;
985	(b) distributing, free of charge, the firearm safety packet to the following persons, who
986	shall make the firearm safety packet available free of charge:
987	(i) health care providers, including emergency rooms;
988	(ii) mobile crisis outreach teams;
989	(iii) mental health practitioners;
990	(iv) other public health suicide prevention organizations;
991	(v) entities that teach firearm safety courses;
992	(vi) school districts for use in the seminar, described in Section 53G-9-702, for parents
993	of students in the school district; and
994	(vii) firearm dealers to be distributed in accordance with Section 76-10-526;
995	(c) creating and administering a rebate program that includes a rebate that offers
996	between \$10 and \$200 off the purchase price of a firearm safe from a participating firearms
997	dealer or a person engaged in the business of selling firearm safes in Utah, by a Utah resident;
998	(d) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
999	making rules that establish procedures for:
1000	(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; and
- (e) reporting to the Health and Human Services Interim Committee regarding implementation and success of the firearm safety program and suicide prevention education course at or before the November meeting each year.
- (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 [abuse] 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,

1028	devises, or bequests of real or personal property or services to be used as specified by the
1029	donor.
1030	(8) The division shall annually review with each local substance abuse authority and
1031	each local mental health authority the authority's statutory and contract responsibilities
1032	regarding:
1033	(a) use of public funds;
1034	(b) oversight of public funds; and
1035	(c) governance of substance use disorder and mental health programs and services.
1036	(9) The Legislature may refuse to appropriate funds to the division upon the division's
1037	failure to comply with the provisions of this part.
1038	(10) If a local substance abuse authority contacts the division under Subsection
1039	17-43-201(10) for assistance in providing treatment services to a pregnant woman or pregnant
1040	minor, the division shall:
1041	(a) refer the pregnant woman or pregnant minor to a treatment facility that has the
1042	capacity to provide the treatment services; or
1043	(b) otherwise ensure that treatment services are made available to the pregnant woman
1044	or pregnant minor.
1045	(11) The division shall employ a school-based mental health specialist to be housed at
1046	the State Board of Education who shall work with the State Board of Education to:
1047	(a) provide coordination between a local education agency and local mental health
1048	authority;
1049	(b) recommend evidence-based and evidence informed mental health screenings and
1050	intervention assessments for a local education agency; and
1051	(c) coordinate with the local community, including local departments of health, to
1052	enhance and expand mental health related resources for a local education agency.
1053	Section 3. Section 26B-5-103, which is renumbered from Section 62A-15-104 is

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renumbered and amended to read:

1055	[62A-15-104].	26B-5-103. Director Qualifications.
1056	(1) The executive of	lirector shall appoint a director within the division to carry out all or
1057	part of the duties and respo	nsibilities described in this part.
1058	(2) The director ap	pointed under Subsection (1) shall have a bachelor's degree from an
1059	accredited university or col	lege, be experienced in administration, and be knowledgeable in
1060	matters concerning substan	ce [abuse] use and mental health.
1061	Section 4. Section	26B-5-104 , which is renumbered from Section 62A-15-105 is
1062	renumbered and amended t	o read:
1063	[62A-15-105].	26B-5-104. Authority and responsibilities of division.
1064	The division shall s	et policy for its operation and for programs funded with state and
1065	federal money under Section	ons 17-43-201, 17-43-301, 17-43-304, and [62A-15-110] <u>26B-5-108</u> .
1066	The division shall:	
1067	(1) in establishing	rules, seek input from local substance abuse authorities, local mental
1068	health authorities, consume	ers, providers, advocates, division staff, and other interested parties
1069	as determined by the divisi-	on;
1070	(2) establish, by ru	le, minimum standards for local substance abuse authorities and
1071	local mental health authoris	ties;
1072	(3) establish, by ru	le, procedures for developing policies that ensure that local
1073	substance abuse authorities	and local mental health authorities are given opportunity to
1074	comment and provide input	t on any new policy of the division or proposed changes in existing
1075	rules of the division;	
1076	(4) provide a mech	anism for review of its existing policy, and for consideration of
1077	policy changes that are pro-	posed by local substance abuse authorities or local mental health
1078	authorities;	
1079	(5) develop program	m policies, standards, rules, and fee schedules for the division; and
1080	(6) in accordance v	with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,

make rules approving the form and content of substance abuse treatment, educational series,

1082	screening, and assessment that are described in Section 41-6a-501.
1083	Section 5. Section 26B-5-105 , which is renumbered from Section 62A-15-105.2 is
1084	renumbered and amended to read:
1085	[62A-15-105.2]. 26B-5-105. Employment first emphasis on the provision of
1086	services.
1087	(1) As used in this section, "recipient" means an individual who is:
1088	(a) undergoing treatment for a substance [abuse] use problem; or
1089	(b) suffers from a mental illness.
1090	(2) When providing services to a recipient, the division shall, within funds
1091	appropriated by the Legislature and in accordance with the requirements of federal and state
1092	law and memorandums of understanding between the division and other state entities that
1093	provide services to a recipient, give priority to providing services that assist an eligible
1094	recipient in obtaining and retaining meaningful and gainful employment that enables the
1095	recipient to earn sufficient income to:
1096	(a) purchase goods and services;
1097	(b) establish self-sufficiency; and
1098	(c) exercise economic control of the recipient's life.
1099	(3) The division shall develop a written plan to implement the policy described in
1100	Subsection (2) that includes:
1101	(a) assessing the strengths and needs of a recipient;
1102	(b) customizing strength-based approaches to obtaining employment;
1103	(c) expecting, encouraging, providing, and rewarding:
1104	(i) integrated employment in the workplace at competitive wages and benefits; and
1105	(ii) self-employment;
1106	(d) developing partnerships with potential employers;
1107	(e) maximizing appropriate employment training opportunities;
1108	(f) coordinating services with other government agencies and community resources;

1109	(g) to the extent possible, eliminating practices and policies that interfere with the
1110	policy described in Subsection (2); and
1111	(h) arranging sub-minimum wage work or volunteer work for an eligible recipient
1112	when employment at market rates cannot be obtained.
1113	(4) The division shall, on an annual basis:
1114	(a) set goals to implement the policy described in Subsection (2) and the plan described
1115	in Subsection (3);
1116	(b) determine whether the goals for the previous year have been met; and
1117	(c) modify the plan described in Subsection (3) as needed.
1118	Section 6. Section 26B-5-106 , which is renumbered from Section 62A-15-107 is
1119	renumbered and amended to read:
1120	[62A-15-107]. 26B-5-106. Authority to assess fees.
1121	The division may, with the approval of the Legislature and the executive director,
1122	establish fee schedules and assess fees for services rendered by the division.
1123	Section 7. Section 26B-5-107, which is renumbered from Section 62A-15-108 is
1124	renumbered and amended to read:
1125	[62A-15-108]. 26B-5-107. Formula for allocation of funds to local
1126	substance abuse authorities and local mental health authorities.
1127	(1) (a) The division shall establish, by rule, formulas for allocating funds to local
1128	substance abuse authorities and local mental health authorities through contracts, to provide
1129	substance [abuse] use prevention and treatment services in accordance with the provisions of
1130	this chapter and Title 17, Chapter 43, Part 2, Local Substance Abuse Authorities, and mental
1131	health services in accordance with the provisions of this chapter and Title 17, Chapter 43, Part
1132	3, Local Mental Health Authorities.
1133	(b) The formulas shall provide for allocation of funds based on need. Determination of
1134	need shall be based on population unless the division establishes, by valid and accepted data,
1135	that other defined factors are relevant and reliable indicators of need.

1136 (c) The formulas shall include a differential to compensate for additional costs of 1137 providing services in rural areas. (2) The formulas established under Subsection (1) apply to all state and federal funds 1138 appropriated by the Legislature to the division for local substance abuse authorities and local 1139 1140 mental health authorities, but does not apply to: 1141 (a) funds that local substance abuse authorities and local mental health authorities receive from sources other than the division: 1142 1143 (b) funds that local substance abuse authorities and local mental health authorities 1144 receive from the division to operate specific programs within their jurisdictions which are 1145 available to all residents of the state; 1146 (c) funds that local substance abuse authorities and local mental health authorities 1147 receive from the division to meet needs that exist only within their local areas; and (d) funds that local substance abuse authorities and local mental health authorities 1148 1149 receive from the division for research projects. 1150 Section 8. Section 26B-5-108, which is renumbered from Section 62A-15-110 is 1151 renumbered and amended to read: 1152 26B-5-108. Contracts for substance use and mental health [62A-15-110]. 1153 services -- Provisions -- Responsibilities. 1154 (1) If the division contracts with a local substance abuse authority or a local mental 1155 health authority to provide substance [abuse] use or mental health programs and services in 1156 accordance with the provisions of this chapter and Title 17, Chapter 43, Part 2, Local 1157 Substance Abuse Authorities, or Title 17, Chapter 43, Part 3, Local Mental Health Authorities, 1158 it shall ensure that those contracts include at least the following provisions: 1159 (a) that an independent auditor shall conduct any audit of the local substance abuse 1160 authority or its contract provider's programs or services and any audit of the local mental health authority or its contract provider's programs or services, pursuant to the provisions of Title 51, 1161

Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and

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1163 Other Local Entities Act;

- (b) in addition to the requirements described in Title 51, Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and Other Local Entities Act, the division:
- (i) shall prescribe guidelines and procedures, in accordance with those formulated by the state auditor pursuant to Section 67-3-1, for auditing the compensation and expenses of officers, directors, and specified employees of the private contract provider, to assure the state that no personal benefit is gained from travel or other expenses; and
- (ii) may prescribe specific items to be addressed by that audit, depending upon the particular needs or concerns relating to the local substance abuse authority, local mental health authority, or contract provider at issue;
- (c) the local substance abuse authority or its contract provider and the local mental health authority and its contract provider shall invite and include all funding partners in its auditor's pre- and exit conferences;
- (d) each member of the local substance abuse authority and each member of the local mental health authority shall annually certify that he has received and reviewed the independent audit and has participated in a formal interview with the provider's executive officers;
- (e) requested information and outcome data will be provided to the division in the manner and within the time lines defined by the division; and
- (f) all audit reports by state or county persons or entities concerning the local substance abuse authority or its contract provider, or the local mental health authority or its contract provider shall be provided to the executive director of the department, the local substance abuse authority or local mental health authority, and members of the contract provider's governing board.
- (2) Each contract between the division and a local substance abuse authority or a local mental health authority shall authorize the division to withhold funds, otherwise allocated under Section [62A-15-108] 26B-5-107, to cover the costs of audits, attorney fees, and other

1190 expenditures associated with reviewing the expenditure of public funds by a local substance 1191 abuse authority or its contract provider or a local mental health authority or its contract 1192 provider, if there has been an audit finding or judicial determination that public funds have 1193 been misused by the local substance abuse authority or its contract provider or the local mental 1194 health authority or its contract provider. 1195 Section 9. Section 26B-5-109, which is renumbered from Section 62A-15-113 is 1196 renumbered and amended to read: 1197 [62A-15-113]. 26B-5-109. Local plan program funding. 1198 (1) To facilitate the distribution of newly appropriated funds beginning from fiscal year 1199 2018 for prevention, treatment, and recovery support services that reduce recidivism or reduce 1200 the per capita number of incarcerated offenders with a substance use disorder or a mental health disorder, the division shall: 1201 1202 (a) form an application review and fund distribution committee that includes: 1203 (i) one representative of the Utah Sheriffs' Association; 1204 (ii) one representative of the Statewide Association of Prosecutors of Utah; 1205 (iii) two representatives from the division; and 1206 (iv) two representatives from the Utah Association of Counties; and 1207 (b) require the application review and fund distribution committee to: 1208 (i) establish a competitive application process for funding of a local plan, as described 1209 in Sections 17-43-201(5)(b) and 17-43-301(6)(a)(ii); 1210 (ii) establish criteria in accordance with Subsection (1) for the evaluation of an 1211 application; 1212 (iii) ensure that the committee members' affiliate groups approve of the application 1213 process and criteria; 1214 (iv) evaluate applications; and 1215 (v) distribute funds to programs implemented by counties, local mental health

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authorities, or local substance abuse authorities.

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1217	(2) Demonstration of matching county funds is not a requirement to receive funds, but
1218	the application review committee may take into consideration the existence of matching funds
1219	when determining which programs to fund.
1220	Section 10. Section 26B-5-110 , which is renumbered from Section 62A-15-103.1 is
1221	renumbered and amended to read:
1222	[62A-15-103.1]. 26B-5-110. Suicide Prevention Education Program
1223	Definitions Grant requirements.
1224	(1) As used in this section, "bureau" means the Bureau of Criminal Identification
1225	created in Section 53-10-201 within the Department of Public Safety.
1226	(2) There is created a Suicide Prevention Education Program to fund suicide
1227	prevention education opportunities for federally licensed firearms dealers who operate a retail
1228	establishment open to the public and the dealers' employees.
1229	(3) The division, in conjunction with the bureau, shall provide a grant to an employer
1230	described in Subsection (2) in accordance with the criteria provided in Subsection
1231	$\left[\frac{62A-15-1101(7)(b)}{26B-5-611(8)(b)}\right]$
1232	(4) An employer may apply for a grant of up to \$2,500 under the program.
1233	Section 11. Section 26B-5-111, which is renumbered from Section 62A-15-115 is
1234	renumbered and amended to read:
1235	[62A-15-115]. <u>26B-5-111.</u> Mental health crisis response training.
1236	(1) The division shall award grants to communities to conduct mental health crisis
1237	response training.
1238	(2) For the application and award of the grants described in Subsection (1), the division
1239	shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking
1240	Act, that determine:
1241	(a) the requirements and process for a community to apply for a grant; and
1242	(b) the substantive mental health crisis response programs that qualify for the award of
1243	a grant.

1244	Section 12. Section 26B-5-112 , which is renumbered from Section 62A-15-116 is
1245	renumbered and amended to read:
1246	[62A-15-116]. 26B-5-112. Mobile crisis outreach team expansion.
1247	(1) [The] In consultation with the Behavioral Health Crisis Response Commission,
1248	established in Section 63C-18-202, the division shall award grants for the development of:
1249	(a) five mobile crisis outreach teams:
1250	(i) in counties of the second, third, fourth, fifth, or sixth class; or
1251	(ii) in counties of the first class, if no more than two mobile crisis outreach teams are
1252	operating or have been awarded a grant to operate in the county; and
1253	(b) at least three mobile crisis outreach teams in counties of the third, fourth, fifth, or
1254	sixth class.
1255	(2) A mobile crisis outreach team awarded a grant under Subsection (1) shall provide
1256	mental health crisis services 24 hours per day, 7 days per week, and every day of the year.
1257	(3) The division shall prioritize the award of a grant described in Subsection (1) to
1258	entities, based on:
1259	(a) the number of individuals the proposed mobile crisis outreach team will serve; and
1260	(b) the percentage of matching funds the entity will provide to develop the proposed
1261	mobile crisis outreach team.
1262	(4) An entity does not need to have resources already in place to be awarded a grant
1263	described in Subsection (1).
1264	(5) [The] In consultation with the Behavioral Health Crisis Response Commission,
1265	established in Section 63C-18-202, the division shall make rules, in accordance with Title 63G
1266	Chapter 3, Utah Administrative Rulemaking Act, for the application and award of the grants
1267	described in Subsection (1).
1268	Section 13. Section 26B-5-113, which is renumbered from Section 62A-15-117 is
1269	renumbered and amended to read:

26B-5-113. Medicaid reimbursement for school-based health

1270

[62A-15-117].

1271	services Report to Legislature.
1272	(1) As used in this section, "individualized education program" or "IEP" means a
1273	written statement for a student with a disability that is developed, reviewed, and revised in
1274	accordance with the Individuals with Disabilities Education Act, 20 U.S.C. Sec. 1400 et seq.
1275	(2) The division shall coordinate with the State Board of Education, the Department of
1276	Health, and stakeholders to address and develop recommendations related to:
1277	(a) the expansion of Medicaid reimbursement for school-based health services,
1278	including how to expand Medicaid-eligible school-based services beyond the services for
1279	students with IEPs; and
1280	(b) other areas concerning Medicaid reimbursement for school-based health services,
1281	including the time threshold for medically necessary IEP services.
1282	[(3) The division, the State Board of Education, and the Department of Health shall
1283	jointly report the recommendations described in Subsection (2) to the Education Interim
1284	Committee on or before August 15, 2019.]
1285	Section 14. Section 26B-5-114 , which is renumbered from Section 62A-15-118 is
1286	renumbered and amended to read:
1287	[62A-15-118]. <u>26B-5-114.</u> Behavioral Health Receiving Center Grant
1288	Program.
1289	(1) As used in this section:
1290	(a) "Behavioral health receiving center" means a 23-hour nonsecure program or facility
1291	that is responsible for, and provides mental health crisis services to, an individual experiencing
1292	a mental health crisis.
1293	(b) "Project" means a behavioral health receiving center project described in
1294	Subsection (2)(a).
1295	(2) (a) (i) Before July 1, 2020, the division shall issue a request for proposals in
1296	accordance with this section to award a grant to one or more counties of the first or second

class, as classified in Section 17-50-501, to, except as provided in Subsection (2)(a)(ii),

1298	develop and implement a behavioral health receiving center.
1299	(ii) A grant awarded under Subsection (2)(a)(i) may not be used to purchase land for
1300	the behavioral health receiving center.
1301	(b) The division shall award all grants under this section before December 31, 2020.
1302	(3) The purpose of a project is to:
1303	(a) increase access to mental health crisis services for individuals in the state who are
1304	experiencing a mental health crisis; and
1305	(b) reduce the number of individuals in the state who are incarcerated or in a hospital
1306	emergency room while experiencing a mental health crisis.
1307	(4) An application for a grant under this section shall:
1308	(a) identify the population to which the behavioral health receiving center will provide
1309	mental health crisis services;
1310	(b) identify the type of mental health crisis services the behavioral health receiving
1311	center will provide;
1312	(c) explain how the population described in Subsection (4)(a) will benefit from the
1313	provision of mental health crisis services;
1314	(d) provide details regarding:
1315	(i) how the proposed project plans to provide mental health crisis services;
1316	(ii) how the proposed project will ensure that consideration is given to the capacity of
1317	the behavioral health receiving center;
1318	(iii) how the proposed project will ensure timely and effective provision of mental
1319	health crisis services;
1320	(iv) the cost of the proposed project;
1321	(v) any existing or planned contracts or partnerships between the applicant and other
1322	individuals or entities to develop and implement the proposed project;
1323	(vi) any plan to use funding sources in addition to a grant under this section for the
1324	proposed project;

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1325	(vii) the sustainability of the proposed project; and
1326	(viii) the methods the proposed project will use to:
1327	(A) protect the privacy of each individual who receives mental health crisis services
1328	from the behavioral health receiving center;
1329	(B) collect nonidentifying data relating to the proposed project; and
1330	(C) provide transparency on the costs and operation of the proposed project; and
1331	(e) provide other information requested by the division to ensure that the proposed
1332	project satisfies the criteria described in Subsection (5).
1333	(5) In evaluating an application for the grant, the division shall consider:
1334	(a) the extent to which the proposed project will fulfill the purposes described in
1335	Subsection (3);
1336	(b) the extent to which the population described in Subsection (4)(a) is likely to benefit
1337	from the proposed project;
1338	(c) the cost of the proposed project;
1339	(d) the extent to which any existing or planned contracts or partnerships between the
1340	applicant and other individuals or entities to develop and implement the project, or additional
1341	funding sources available to the applicant for the proposed project, are likely to benefit the
1342	proposed project; and
1343	(e) the viability and innovation of the proposed project.
1344	(6) Before June 30, 2021, the division shall report to the Health and Human Services
1345	Interim Committee regarding:
1346	(a) each county awarded a grant under this section; and
1347	(b) the details of each project.
1348	(7) Before June 30, 2023, the division shall report to the Health and Human Services
1349	Interim Committee regarding:
1350	(a) data gathered in relation to each project;
1351	(b) knowledge gained relating to the provision of mental health crisis services in a

1352	behavioral health receiving center;
1353	(c) recommendations for the future use of mental health crisis services in behavioral
1354	health receiving centers; and
1355	(d) obstacles encountered in the provision of mental health crisis services in a
1356	behavioral health receiving center.
1357	Section 15. Section 26B-5-115 , which is renumbered from Section 62A-15-119 is
1358	renumbered and amended to read:
1359	[62A-15-119]. <u>26B-5-115.</u> Safety Net Initiative.
1360	(1) As used in this section, "individuals in underserved communities" means
1361	individuals living in culturally isolated communities in the state who may lack access to public
1362	assistance and other government services.
1363	(2) There is created within the division the Safety Net Initiative to:
1364	(a) implement strategies to increase awareness and reduce risk factors in order to
1365	improve the safety and well-being of individuals in underserved communities;
1366	(b) coordinate with government agencies, nonprofit organizations, and interested
1367	individuals to provide open communication with individuals in underserved communities; and
1368	(c) coordinate efforts to give individuals in underserved communities needed access to
1369	public assistance and other government services.
1370	(3) The division may employ or contract with individuals, entities, and support staff as
1371	necessary to administer the duties required by this section.
1372	Section 16. Section 26B-5-116, which is renumbered from Section 62A-15-121 is
1373	renumbered and amended to read:
1374	[62A-15-121]. 26B-5-116. Suicide technical assistance program.
1375	(1) As used in this section, "technical assistance" means training for the prevention of
1376	suicide.
1377	(2) (a) Before July 1, 2021, and each subsequent July 1, the division shall solicit
1378	applications from health care organizations to receive technical assistance provided by the

1379	division.
1380	(b) The division shall approve at least one but not more than six applications each year.
1381	(c) The division shall determine which applicants receive the technical assistance
1382	before December 31 of each year.
1383	(3) An application for technical assistance under this section shall:
1384	(a) identify the population to whom the health care organization will provide suicide
1385	prevention services;
1386	(b) identify how the health care organization plans to implement the skills and
1387	knowledge gained from the technical assistance;
1388	(c) identify the health care organization's current resources used for the prevention of
1389	suicide;
1390	(d) explain how the population described in Subsection (3)(a) will benefit from the
1391	health care organization receiving technical assistance;
1392	(e) provide details regarding:
1393	(i) how the health care organization will provide timely and effective suicide
1394	prevention services;
1395	(ii) any existing or planned contracts or partnerships between the health care
1396	organization and other persons that are related to suicide prevention;
1397	(iii) the methods the health care organization will use to:
1398	(A) protect the privacy of each individual to whom the health care organization
1399	provides suicide prevention services; and
1400	(B) collect non-identifying data; and
1401	(f) provide other information requested by the division for the division to evaluate the
1402	application.
1403	(4) In evaluating an application for technical assistance, the division shall consider:
1404	(a) the extent to which providing technical assistance to the health care organization
1405	will fulfill the purpose of preventing suicides in the state;

1406	(b) the extent to which the population described in Subsection (3)(a) is likely to benefit
1407	from the health care organization receiving the technical assistance;
1408	(c) the cost of providing the technical assistance to the health care organization; and
1409	(d) the extent to which any of the following are likely to benefit the heath care
1410	organization's ability to assist in preventing suicides in the state:
1411	(i) existing or planned contracts or partnerships between the applicant and other
1412	persons to develop and implement other initiatives; or
1413	(ii) additional funding sources available to the applicant for suicide prevention
1414	services.
1415	(5) Before June 30, 2022, and each subsequent June 30, the division shall submit a
1416	written report to the Health and Human Services Interim Committee regarding each health care
1417	organization the division provided technical assistance to in the preceding year under this
1418	section.
1419	(6) Before June 30, 2024, the division shall submit a written report to the Health and
1420	Human Services Interim Committee regarding:
1421	(a) data gathered in relation to providing technical assistance to a health care
1422	organization;
1423	(b) knowledge gained relating to providing technical assistance;
1424	(c) recommendations for the future regarding how the state can better prevent suicides;
1425	and
1426	(d) obstacles encountered when providing technical assistance.
1427	Section 17. Section 26B-5-117, which is renumbered from Section 62A-15-122 is
1428	renumbered and amended to read:
1429	[62A-15-122]. 26B-5-117. Early childhood mental health support grant
1430	program.
1431	(1) As used in this section:
1432	(a) "Child care" means the child care services defined in Section 35 A-3-102 for a child

1433	during early childhood.
1434	(b) "Child care provider" means a person who provides child care or mental health
1435	support or interventions to a child during early childhood.
1436	(c) "Early childhood" means the time during which a child is zero to six years old.
1437	(d) "Project" means a project to provide education and training to child care providers
1438	regarding evidence-based best practices for delivery of mental health support and interventions
1439	during early childhood.
1440	(2) On or before July 1, 2021, the division shall issue a request for proposals in
1441	accordance with this section to award a grant to a public or nonprofit entity to implement a
1442	project.
1443	(3) The purpose of a project is to facilitate education about early childhood mental
1444	health support and interventions.
1445	(4) An application for a grant under this section shall provide details regarding:
1446	(a) the education and training regarding early childhood mental health support and
1447	interventions that the proposed project will provide to child care providers;
1448	(b) how the proposed project plans to provide the education and training to child care
1449	providers;
1450	(c) the number of child care providers served by the proposed project;
1451	(d) how the proposed project will ensure the education and training is effectively
1452	provided to child care providers;
1453	(e) the cost of the proposed project; and
1454	(f) the sustainability of the proposed project.
1455	(5) In evaluating a project proposal for a grant under this section, the division shall
1456	consider:
1457	(a) the extent to which the proposed project will fulfill the purpose described in
1458	Subsection (3);

(b) the extent to which child care providers that will be served by the proposed project

1460	are likely to benefit from the proposed project;
1461	(c) the cost of the proposed project; and
1462	(d) the viability of the proposed project.
1463	[(6) Before June 30, 2022, the division shall report to the Health and Human Services
1464	Interim Committee regarding:]
1465	[(a) each entity awarded a grant under this section; and]
1466	[(b) the details of each project.]
1467	[(7)] (6) Before June 30, 2024, the division shall report to the Health and Human
1468	Services Interim Committee regarding:
1469	(a) any knowledge gained from providing the education and training regarding early
1470	childhood mental health support to child care providers;
1471	(b) data gathered in relation to each project;
1472	(c) recommendations for the future use of the education and training provided to child
1473	care providers; and
1474	(d) obstacles encountered in providing the education and training to child care
1475	providers.
1476	Section 18. Section 26B-5-118, which is renumbered from Section 62A-15-124 is
1477	renumbered and amended to read:
1478	[62A-15-124]. <u>26B-5-118.</u> Collaborative care grant program.
1479	(1) As used in this section:
1480	(a) "Applicant" means a small primary health care practice that applies for a grant
1481	under this section.
1482	(b) "Care manager" means an individual who plans, directs, and coordinates health care
1483	services for a patient.
1484	(c) "Collaborative care model" means a formal collaborative arrangement between a
1485	primary care physician, a mental health professional, and a care manager, to provide integrated
1486	physical and behavioral health services.

1487	(d) "Mental health professional" means an individual licensed under Title 58, Chapter
1488	60, Mental Health Professional Practice Act, or Title 58, Chapter 61, Psychologist Licensing
1489	Act, or a psychiatrist.
1490	(e) "Physician" means an individual licensed to practice as a physician or osteopath
1491	under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah
1492	Osteopathic Medical Practice Act.
1493	(f) "Primary care physician" means a physician that provides health services related to
1494	family medicine, internal medicine, pediatrics, obstetrics, gynecology, or geriatrics.
1495	(g) "Program" means a program described in Subsection (2)(a).
1496	(h) "Psychiatrist" means a physician who is board eligible for a psychiatry
1497	specialization recognized by the American Board of Medical Specialists or the American
1498	Osteopathic Association's Bureau of Osteopathic Specialists.
1499	(i) "Small primary health care practice" means a medical practice of primary health
1500	care physicians that:
1501	(i) includes 10 or fewer primary care physicians; or
1502	(ii) is primarily based in a county of the third through sixth class, as classified in
1503	Section 17-50-501.
1504	(2) (a) Before July 1, 2022, the division shall solicit applications from small primary
1505	health care practices for a grant to support or implement a program to provide integrated
1506	physical and behavioral health services under a collaborative care model.
1507	(b) A grant under this section may be used to:
1508	(i) hire and train staff to administer a program;
1509	(ii) identify and formalize contractual relationships with mental health professionals
1510	and case managers to implement a program; or
1511	(iii) purchase or upgrade software and other resources necessary to support or
1512	implement a program.

(c) The division shall approve at least one but not more than six applications each year.

1514	(d) The division shall determine which applicants receive a grant under this section
1515	before December 31, 2022.
1516	(3) An application for a grant under this section shall:
1517	(a) identify the population to whom the applicant will provide services under a
1518	program;
1519	(b) identify the small primary health care practice's current resources that are used to
1520	provide integrated physical and behavioral health services;
1521	(c) explain how the population described in Subsection (3)(a) will benefit from the
1522	program;
1523	(d) provide details regarding:
1524	(i) how the applicant will provide timely and effective services under the program;
1525	(ii) any existing or planned contracts or partnerships between the applicant and other
1526	persons that are related to a collaborative care model;
1527	(iii) the methods the applicant will use to:
1528	(A) protect the privacy of each individual to whom the applicant provides services
1529	under the program; and
1530	(B) collect non-identifying data; and
1531	(e) provide other information requested by the division for the division to evaluate the
1532	application.
1533	(4) In evaluating an application for a grant under this section, the division shall
1534	consider:
1535	(a) the extent to which providing the grant to the applicant will fulfill the purpose of
1536	providing increased integrated physical and behavioral health services; and
1537	(b) the extent to which the population described in Subsection (3)(a) is likely to benefit
1538	from the applicant receiving the grant.
1539	(5) Before July 1, 2023, the division shall submit a written report to the Health and
1540	Human Services Interim Committee regarding each applicant the division provided a grant to

1541	in the preceding year under this section.
1542	(6) Before July 1, 2024, the division shall submit a written report to the Health and
1543	Human Services Interim Committee regarding:
1544	(a) data gathered and knowledge gained in relation to providing grants to an applicant;
1545	and
1546	(b) recommendations for how the state can better implement integrated physical and
1547	behavioral health services.
1548	Section 19. Section 26B-5-119, which is renumbered from Section 62A-15-615 is
1549	renumbered and amended to read:
1550	[62A-15-615]. <u>26B-5-119.</u> Forms.
1551	The division shall furnish the clerks of the [district courts] court with forms, blanks,
1552	warrants, and certificates, to enable [the district court] judges, with regularity and facility, to
1553	comply with the provisions of this chapter.
1554	Section 20. Section 26B-5-201, which is renumbered from Section 62A-15-202 is
1555	renumbered and amended to read:
1556	Part 2. Substance Use Disorder Intervention, Prevention, and Education
1557	[62A-15-202]. <u>26B-5-201</u> . Definitions.
1558	As used in this part:
1559	(1) "Juvenile substance [abuse] use offender" means any minor who has committed a
1560	drug or alcohol related offense under the jurisdiction of the juvenile court in accordance with
1561	Section 78A-6-103.
1562	(2) "Local substance abuse authority" means a county legislative body designated to
1563	provide substance abuse services in accordance with Section 17-43-201.
1564	(3) "Minor" means the same as that term is defined in Section 80-1-102.
1565	(4) "Teen substance [abuse] use school" means any school established by the local
1566	substance abuse authority, in cooperation with the Board of Juvenile Court Judges, that
1567	provides an educational, interpersonal, skill-building experience for juvenile substance abuse

1568	offenders and their parents or legal guardians.
1569	Section 21. Section 26B-5-202, which is renumbered from Section 62A-15-203 is
1570	renumbered and amended to read:
1571	[62A-15-203]. <u>26B-5-202.</u> Teen substance use schools Establishment.
1572	The division or a local substance abuse authority, in cooperation with the Board of
1573	Juvenile Court Judges, may establish teen substance [abuse] use schools in the districts of the
1574	juvenile court.
1575	Section 22. Section 26B-5-203, which is renumbered from Section 62A-15-204 is
1576	renumbered and amended to read:
1577	[62A-15-204]. <u>26B-5-203.</u> Court order to attend substance use school
1578	Assessments.
1579	(1) In addition to any other disposition ordered by the juvenile court under Section
1580	80-6-701, the court may order:
1581	(a) a minor and the minor's parent or legal guardian to attend a teen substance [abuse]
1582	use school; and
1583	(b) payment of an assessment in addition to any other fine imposed.
1584	(2) All assessments collected shall be forwarded to the county treasurer of the county
1585	where the minor resides, to be used exclusively for the operation of a teen substance [abuse]
1586	use program.
1587	Section 23. Section 26B-5-204, which is renumbered from Section 62A-15-301 is
1588	renumbered and amended to read:
1589	[62A-15-301]. 26B-5-204. Commitment of minor to secure drug or alcohol
1590	facility or program Procedures Review.
1591	(1) [For purposes of this part] As used in this section:
1592	(a) "Approved treatment facility or program" means a public or private secure,
1593	inpatient facility or program that is licensed or operated by the department [or by the
1594	Department of Health] to provide drug or alcohol treatment or rehabilitation.

- (b) "Drug or alcohol addiction" means that the person has a physical or psychological dependence on drugs or alcohol in a manner not prescribed by a physician.
- (2) The parent or legal guardian of a minor under [the age of] 18 old years may submit that child, without the child's consent, to an approved treatment facility or program for treatment or rehabilitation of drug or alcohol addiction, upon application to a facility or program, and after a careful diagnostic inquiry is made by a neutral and detached fact finder, in accordance with the requirements of this section.
 - (3) The neutral fact finder who conducts the inquiry:
- (a) shall be either a physician, psychologist, marriage and family therapist, psychiatric and mental health nurse specialist, or social worker licensed to practice in this state, who is trained and practicing in the area of substance [abuse] use; and
- (b) may not profit, financially or otherwise, from the commitment of the child and may not be employed by the proposed facility or program.
- (4) The review by a neutral fact finder may be conducted on the premises of the proposed treatment facility or program.
- (5) The inquiry conducted by the neutral fact finder shall include a private interview with the child, and an evaluation of the child's background and need for treatment.
- (6) The child may be committed to the approved treatment facility or program if it is determined by the neutral fact finder that:
- (a) the child is addicted to drugs or alcohol and because of that addiction poses a serious risk of harm to himself or others;
 - (b) the proposed treatment or rehabilitation is in the child's best interest; and
- (c) there is no less restrictive alternative that would be equally as effective, from a clinical standpoint, as the proposed treatment facility or program.
- (7) Any approved treatment facility or program that receives a child under this section shall conduct a periodic review, at intervals not to exceed 30 days, to determine whether the criteria described in Subsection (6) continue to exist.

1622	(8) A minor committed under this section shall be released from the facility or program
1623	upon the request of his parent or legal guardian.
1624	(9) Commitment of a minor under this section terminates when the minor reaches the
1625	age of 18 years old.
1626	(10) Nothing in this section requires a program or facility to accept any person for
1627	treatment or rehabilitation.
1628	(11) The parent or legal guardian who requests commitment of a minor under this
1629	section is responsible to pay any fee associated with the review required by this section and any
1630	necessary charges for commitment, treatment, or rehabilitation for a minor committed under
1631	this section.
1632	(12) The child shall be released from commitment unless the report of the neutral fact
1633	finder is submitted to the juvenile court within 72 hours of commitment and approved by the
1634	court.
1635	Section 24. Section 26B-5-205, which is renumbered from Section 62A-15-401 is
1636	renumbered and amended to read:
1637	[62A-15-401]. 26B-5-205. Alcohol training and education seminar.
1638	(1) As used in this [part] section:
1639	(a) "Instructor" means a person that directly provides the instruction during an alcohol
1640	training and education seminar for a seminar provider.
1641	(b) "Licensee" means a person who is:
1642	(i) (A) a new or renewing licensee under Title 32B, Alcoholic Beverage Control Act;
1643	and
1644	(B) engaged in the retail sale of an alcoholic product for consumption on the premises
1645	of the licensee; or
1646	(ii) a business that is:
1647	(A) a new or renewing licensee licensed by a city, town, or county; and
1648	(B) engaged in the retail sale of beer for consumption off the premises of the licensee.

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1649	(c) "Off-premise beer retailer" is as defined in Section 32B-1-102.
1650	(d) "Seminar provider" means a person other than the division who provides an alcohol
1651	training and education seminar meeting the requirements of this section.
1652	(2) (a) This section applies to:
1653	(i) a retail manager as defined in Section 32B-1-701;
1654	(ii) retail staff as defined in Section 32B-1-701; and
1655	(iii) an individual who, as defined by division rule:
1656	(A) directly supervises the sale of beer to a customer for consumption off the premises
1657	of an off-premise beer retailer; or
1658	(B) sells beer to a customer for consumption off the premises of an off-premise beer
1659	retailer.
1660	(b) If the individual does not have a valid record that the individual has completed an
1661	alcohol training and education seminar, an individual described in Subsection (2)(a) shall:
1662	(i) (A) complete an alcohol training and education seminar within 30 days of the
1663	following if the individual is described in Subsection (2)(a)(i) or (ii):
1664	(I) if the individual is an employee, the day the individual begins employment;
1665	(II) if the individual is an independent contractor, the day the individual is first hired;
1666	or
1667	(III) if the individual holds an ownership interest in the licensee, the day that the
1668	individual first engages in an activity that would result in that individual being required to
1669	complete an alcohol training and education seminar; or
1670	(B) complete an alcohol training and education seminar within the time periods
1671	specified in Subsection 32B-1-703(1) if the individual is described in Subsection (2)(a)(iii)(A)
1672	or (B); and
1673	(ii) pay a fee:
1674	(A) to the seminar provider; and
1675	(B) that is equal to or greater than the amount established under Subsection (4)(h).

(c) An individual shall have a valid record that the individual completed an alcohol training and education seminar within the time period provided in this Subsection (2) to engage in an activity described in Subsection (2)(a).

(d) A record that an individual has completed an alcohol training and education seminar is valid for:

- (i) three years from the day on which the record is issued for an individual described in Subsection (2)(a)(i) or (ii); and
- (ii) five years from the day on which the record is issued for an individual described in Subsection (2)(a)(iii)(A) or (B).
- (e) On and after July 1, 2011, to be considered as having completed an alcohol training and education seminar, an individual shall:
- (i) attend the alcohol training and education seminar and take any test required to demonstrate completion of the alcohol training and education seminar in the physical presence of an instructor of the seminar provider; or
- (ii) complete the alcohol training and education seminar and take any test required to demonstrate completion of the alcohol training and education seminar through an online course or testing program that meets the requirements described in Subsection (2)(f).
- (f) The division shall by rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, establish one or more requirements for an online course or testing program described in Subsection (2)(e) that are designed to inhibit fraud in the use of the online course or testing program. In developing the requirements by rule the division shall consider whether to require:
- (i) authentication that the an individual accurately identifies the individual as taking the online course or test;
- (ii) measures to ensure that an individual taking the online course or test is focused on training material throughout the entire training period;
 - (iii) measures to track the actual time an individual taking the online course or test is

actively engaged online;

- (iv) a seminar provider to provide technical support, such as requiring a telephone number, email, or other method of communication that allows an individual taking the online course or test to receive assistance if the individual is unable to participate online because of technical difficulties;
- (v) a test to meet quality standards, including randomization of test questions and maximum time limits to take a test;
- (vi) a seminar provider to have a system to reduce fraud as to who completes an online course or test, such as requiring a distinct online certificate with information printed on the certificate that identifies the person taking the online course or test, or requiring measures to inhibit duplication of a certificate;
 - (vii) measures for the division to audit online courses or tests;
- (viii) measures to allow an individual taking an online course or test to provide an evaluation of the online course or test;
- (ix) a seminar provider to track the Internet protocol address or similar electronic location of an individual who takes an online course or test;
 - (x) an individual who takes an online course or test to use an e-signature; or
- (xi) a seminar provider to invalidate a certificate if the seminar provider learns that the certificate does not accurately reflect the individual who took the online course or test.
- (3) (a) A licensee may not permit an individual who is not in compliance with Subsection (2) to:
- (i) serve or supervise the serving of an alcoholic product to a customer for consumption on the premises of the licensee;
- (ii) engage in any activity that would constitute managing operations at the premises of a licensee that engages in the retail sale of an alcoholic product for consumption on the premises of the licensee;
 - (iii) directly supervise the sale of beer to a customer for consumption off the premises

1730	of an off-premise beer retailer; or
1731	(iv) sell beer to a customer for consumption off the premises of an off-premise beer
1732	retailer.
1733	(b) A licensee that violates Subsection (3)(a) is subject to Section 32B-1-702.
1734	(4) The division shall:
1735	(a) (i) provide alcohol training and education seminars; or
1736	(ii) certify one or more seminar providers;
1737	(b) establish the curriculum for an alcohol training and education seminar that includes
1738	the following subjects:
1739	(i) (A) alcohol as a drug; and
1740	(B) alcohol's effect on the body and behavior;
1741	(ii) recognizing the problem drinker or signs of intoxication;
1742	(iii) an overview of state alcohol laws related to responsible beverage sale or service,
1743	as determined in consultation with the Department of Alcoholic Beverage Services;
1744	(iv) dealing with the problem customer, including ways to terminate sale or service;
1745	and
1746	(v) for those supervising or engaging in the retail sale of an alcoholic product for
1747	consumption on the premises of a licensee, alternative means of transportation to get the
1748	customer safely home;
1749	(c) recertify each seminar provider every three years;
1750	(d) monitor compliance with the curriculum described in Subsection (4)(b);
1751	(e) maintain for at least five years a record of every person who has completed an
1752	alcohol training and education seminar;
1753	(f) provide the information described in Subsection (4)(e) on request to:
1754	(i) the Department of Alcoholic Beverage Services;
1755	(ii) law enforcement; or
1756	(iii) a person licensed by the state or a local government to sell an alcoholic product;

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1757	(g) provide the Department of Alcoholic Beverage Services on request a list of any
1758	seminar provider certified by the division; and
1759	(h) establish a fee amount for each person attending an alcohol training and education
1760	seminar that is sufficient to offset the division's cost of administering this section.
1761	(5) The division shall by rule made in accordance with Title 63G, Chapter 3, Utah
1762	Administrative Rulemaking Act:
1763	(a) define what constitutes under this section an individual who:
1764	(i) manages operations at the premises of a licensee engaged in the retail sale of an
1765	alcoholic product for consumption on the premises of the licensee;
1766	(ii) supervises the serving of an alcoholic product to a customer for consumption on the
1767	premises of a licensee;
1768	(iii) serves an alcoholic product to a customer for consumption on the premises of a
1769	licensee;
1770	(iv) directly supervises the sale of beer to a customer for consumption off the premises
1771	of an off-premise beer retailer; or
1772	(v) sells beer to a customer for consumption off the premises of an off-premise beer
1773	retailer;
1774	(b) establish criteria for certifying and recertifying a seminar provider; and
1775	(c) establish guidelines for the manner in which an instructor provides an alcohol
1776	education and training seminar.
1777	(6) A seminar provider shall:
1778	(a) obtain recertification by the division every three years;
1779	(b) ensure that an instructor used by the seminar provider:
1780	(i) follows the curriculum established under this section; and
1781	(ii) conducts an alcohol training and education seminar in accordance with the
1782	guidelines established by rule;
1783	(c) ensure that any information provided by the seminar provider or instructor of a

1810	[62A-15-403]. 26B-5-206. Drinking while pregnant prevention media and
1809	renumbered and amended to read:
1808	Section 25. Section 26B-5-206, which is renumbered from Section 62A-15-403 is
1807	seminar provider will comply with this section.
1806	(ii) if the seminar provider establishes to the satisfaction of the division that the
1805	(i) no sooner than 90 days from the date the certification is revoked; and
1804	(b) The division may certify a seminar provider whose certification is revoked:
1803	compliance with Subsection (6)(b).
1802	seminar provider establishes to the satisfaction of the division that the instructor is in
1801	(iv) prohibit the seminar provider from using an instructor until such time that the
1800	(iii) require the seminar provider to take corrective action regarding an instructor; or
1799	(ii) revoke the certification of the seminar provider;
1798	(i) suspend the certification of the seminar provider for a period not to exceed 90 days;
1797	or that an instructor of the seminar provider violates this section, the division may:
1796	Administrative Procedures Act, the division finds that a seminar provider violates this section
1795	(7) (a) If after a hearing conducted in accordance with Title 63G, Chapter 4,
1794	seminar provided by the seminar provider.
1793	(f) issue a record to an individual that completes an alcohol training and education
1792	in Subsection (4)(h); and
1791	(ii) forward to the division the portion of the fee that is equal to the amount described
1790	in accordance with Subsection (2); and
1789	(e) (i) collect a fee for each person attending an alcohol training and education seminar
1788	and education seminar provided by the seminar provider;
1787	(d) provide the division with the names of all persons who complete an alcohol training
1786	(ii) this section;
1785	(i) the curriculum established under this section; and
1/84	seminar provider is consistent with:

1811	education campaign.
1812	(1) As used in this section:
1813	(a) "Advisory council" means the Utah Substance Use and Mental Health Advisory
1814	Council created in Section 63M-7-301.
1815	(b) "Restricted account" means the Drinking While Pregnant Prevention Media and
1816	Education Campaign Restricted Account created in Section 32B-2-308.
1817	(2) The advisory council shall:
1818	(a) provide ongoing oversight of each media and education campaign funded through
1819	the restricted account;
1820	(b) create a drinking while pregnant prevention workgroup consistent with guidelines
1821	the advisory council proposes related to the workgroup's membership and duties;
1822	(c) create guidelines for how money appropriated for a media and education campaign
1823	can be used;
1824	(d) include in the guidelines created under this Subsection (2) that a media and
1825	education campaign funded through the restricted account shall be:
1826	(i) carefully researched;
1827	(ii) developed for target groups; and
1828	(iii) appropriate for target groups; and
1829	(e) approve or deny each plan the division submits in accordance with Subsection (3).
1830	(3) (a) Subject to appropriation from the Legislature and in accordance with this
1831	section, the division shall expend money from the restricted account to direct and fund one or
1832	more media and education campaigns designed to reduce the consumption of alcohol while
1833	pregnant.
1834	(b) Before the division expends money from the restricted account for a media and
1835	education campaign, the division shall, in cooperation with the drinking while pregnant
1836	prevention workgroup created in accordance with Subsection (2), prepare and submit a plan to
1837	the advisory council that:

1838	(i) describes the media and education campaign; and
1839	(ii) details how the division intends to use money from the restricted account to fund
1840	the media and education campaign.
1841	(c) If the advisory council approves the plan described in Subsection (3)(b), the
1842	division shall conduct the media and education campaign in accordance with the guidelines
1843	described in Subsection (2).
1844	(4) The division shall submit to the Health and Human Services Interim Committee
1845	and the advisory council annually by no later than October 1, a written report detailing:
1846	(a) the use of the money for the media and education campaigns conducted in
1847	accordance with Subsection (3); and
1848	(b) the impact and result of the use of the money during the previous fiscal year ending
1849	June 30.
1850	Section 26. Section 26B-5-207, which is renumbered from Section 62A-15-501 is
1851	renumbered and amended to read:
1852	[62A-15-501]. <u>26B-5-207.</u> DUI Legislative policy Rehabilitation
1853	treatment and evaluation Use of victim impact panels.
1854	The Legislature finds that drivers impaired by alcohol or drugs constitute a major
1855	problem in this state and that the problem demands a comprehensive detection, intervention,
1856	education, and treatment program including emergency services, outpatient treatment,
1857	detoxification, residential care, inpatient care, medical and psychological care, social service
1858	care, vocational rehabilitation, and career counseling through public and private agencies. It is
1859	the policy of this state to provide those programs at the expense of persons convicted of driving
1860	while under the influence of intoxicating liquor or drugs. It is also the policy of this state to
1861	utilize victim impact panels to assist persons convicted of driving under the influence of
1862	intoxicating liquor or drugs to gain a full understanding of the severity of their offense.
1863	Section 27. Section 26B-5-208 , which is renumbered from Section 62A-15-502 is

1864

renumbered and amended to read:

1865	[62A-15-502].	<u>26B-5-208.</u>	Penalty for DUI conviction Amounts.		
1866	(1) Courts of recor	d and not of rec	cord may at sentencing assess against the defendant,		
1867	in addition to any fine, an a	mount that wil	l fully compensate agencies that treat the defendant		
1868	for their costs in each case where a defendant is convicted of violating:				
1869	(a) Section 41-6a-502 or 41-6a-517;				
1870	(b) a criminal prohibition resulting from a plea bargain after an original charge of				
1871	violating Section 41-6a-502; or				
1872	(c) an ordinance that complies with the requirements of Subsection 41-6a-510(1).				
1873	(2) The fee assesse	d shall be colle	cted by the court or an entity appointed by the court.		
1874	Section 28. Section	1 26B-5-209 , w	hich is renumbered from Section 62A-15-503 is		
1875	renumbered and amended	o read:			
1876	[62A-15-503].	<u>26B-5-209.</u>	Assessments for DUI Use of money for		
1877	rehabilitation programs,	including victi	m impact panels Rulemaking power granted.		
1878	(1) (a) Assessment	s imposed unde	er Section [62A-15-502] <u>26B-5-208</u> may, pursuant to		
1879	court order:				
1880	(i) be collected by	the clerk of the	court in which the person was convicted; or		
1881	(ii) be paid directly to the licensed alcohol or drug treatment program.				
1882	(b) Assessments co	ollected by the o	court under Subsection (1)(a)(i) shall be forwarded to		
1883	a special nonlapsing account created by the county treasurer of the county in which the fee is				
1884	collected.				
1885	(2) Assessments un	der Subsection	(1) shall be used exclusively for the operation of		
1886	licensed alcohol or drug re	habilitation pro	grams and education, assessment, supervision, and		
1887	other activities related to a	nd supporting th	he rehabilitation of persons convicted of driving		
1888	while under the influence of	of intoxicating 1	iquor or drugs. A requirement of the rehabilitation		
1889	program shall be participat	ion with a victi	m impact panel or program providing a forum for		
1890	victims of alcohol or drug	related offenses	and defendants to share experiences on the impact		
1891	of alcohol or drug related is	ncidents in thei	r lives. The [Division of Substance Abuse and		

1892	Mental Health] division shall establish guidelines to implement victim impact panels where, in
1893	the judgment of the licensed alcohol or drug program, appropriate victims are available, and
1894	shall establish guidelines for other programs where such victims are not available.
1895	(3) None of the assessments shall be maintained for administrative costs by the
1896	division.
1897	Section 29. Section 26B-5-210, which is renumbered from Section 62A-15-504 is
1898	renumbered and amended to read:
1899	[62A-15-504]. <u>26B-5-210.</u> Policy Alternatives to incarceration.
1900	It is the policy of this state to provide adequate and appropriate health and social
1901	services as alternatives to incarceration for public intoxication.
1902	Section 30. Section 26B-5-301, which is renumbered from Section 62A-15-602 is
1903	renumbered and amended to read:
1904	Part 3. Utah State Hospital and Other Mental Health Facilities
1905	[62A-15-602]. <u>26B-5-301.</u> Definitions.
1906	As used in this part, [Part 7, Commitment of Persons Under Age 18 to Division of
1907	Substance Abuse and Mental Health, Part 8, Interstate Compact on Mental Health, Part 9, Utah
1908	Forensic Mental Health Facility, Part 10, Declaration for Mental Health Treatment, and Part
1909	12, Essential Treatment and Intervention Act] Part 4, Commitment of Persons Under Age 18,
1910	and Part 5, Essential Treatment and Intervention:
1911	(1) "Adult" means an individual 18 years old or older.
1912	(2) "Approved treatment facility or program" means a mental health or substance use
1913	treatment provider that meets the goals and measurements described in Subsection
1914	$\left[\frac{62A-15-103}{26B-5-110}\right] = \frac{26B-5-110}{2}$
1915	(3) "Assisted outpatient treatment" means involuntary outpatient mental health
1916	treatment ordered under Section [62A-15-630.5] <u>26B-5-351</u> .
1917	(4) "Attending physician" means a physician licensed to practice medicine in this state
1918	who has primary responsibility for the care and treatment of the declarant.

1919	(5) "Attorney-in-fact" means an adult properly appointed under this part to make
1920	mental health treatment decisions for a declarant under a declaration for mental health
1921	treatment.
1922	[(4)] (6) "Commitment to the custody of a local mental health authority" means that an
1923	adult is committed to the custody of the local mental health authority that governs the mental
1924	health catchment area where the adult resides or is found.
1925	[(5)] (7) "Community mental health center" means an entity that provides treatment
1926	and services to a resident of a designated geographical area, that operates by or under contract
1927	with a local mental health authority, and that complies with state standards for community
1928	mental health centers.
1929	[(6)] (8) "Designated examiner" means:
1930	(a) a licensed physician, preferably a psychiatrist, who is designated by the division as
1931	specially qualified by training or experience in the diagnosis of mental or related illness; or
1932	(b) a licensed mental health professional designated by the division as specially
1933	qualified by training and who has at least five years' continual experience in the treatment of
1934	mental illness.
1935	[(7)] (9) "Designee" means a physician who has responsibility for medical functions
1936	including admission and discharge, an employee of a local mental health authority, or an
1937	employee of a person that has contracted with a local mental health authority to provide mental
1938	health services under Section 17-43-304.
1939	[(8)] (10) "Essential treatment" and "essential treatment and intervention" mean
1940	court-ordered treatment at a local substance abuse authority or an approved treatment facility or
1941	program for the treatment of an adult's substance use disorder.
1942	[(9)] (11) "Harmful sexual conduct" means the following conduct upon an individual
1943	without the individual's consent, including the nonconsensual circumstances described in
1944	Subsections 76-5-406(2)(a) through (1):
1945	(a) sexual intercourse;

1946	(b) penetration, nowever slight, of the genital or anal opening of the individual;
1947	(c) any sexual act involving the genitals or anus of the actor or the individual and the
1948	mouth or anus of either individual, regardless of the gender of either participant; or
1949	(d) any sexual act causing substantial emotional injury or bodily pain.
1950	[(10)] (12) "Informed waiver" means the patient was informed of a right and, after
1951	being informed of that right and the patient's right to waive the right, expressly communicated
1952	his or her intention to waive that right.
1953	(13) "Incapable" means that, in the opinion of the court in a guardianship proceeding
1954	under Title 75, Utah Uniform Probate Code, or in the opinion of two physicians, a person's
1955	ability to receive and evaluate information effectively or communicate decisions is impaired to
1956	such an extent that the person currently lacks the capacity to make mental health treatment
1957	decisions.
1958	[(11)] (14) "Institution" means a hospital or a health facility licensed under Section
1959	[26-21-8] <u>26B-2-206</u> .
1960	$[\frac{(12)}{(15)}]$ "Local substance abuse authority" means the same as that term is defined in
1961	Section [62A-15-102] <u>26B-5-101</u> and described in Section 17-43-201.
1962	[(13)] (16) "Mental health facility" means the Utah State Hospital or other facility that
1963	provides mental health services under contract with the division, a local mental health
1964	authority, a person that contracts with a local mental health authority, or a person that provides
1965	acute inpatient psychiatric services to a patient.
1966	[(14)] (17) "Mental health officer" means an individual who is designated by a local
1967	mental health authority as qualified by training and experience in the recognition and
1968	identification of mental illness, to:
1969	(a) apply for and provide certification for a temporary commitment; or
1970	(b) assist in the arrangement of transportation to a designated mental health facility.
1971	$\left[\frac{(15)}{(18)}\right]$ "Mental illness" means:
1972	(a) a psychiatric disorder that substantially impairs an individual's mental, emotional,

1973	behavioral, or related functioning; or
1974	(b) the same as that term is defined in:
1975	(i) the current edition of the Diagnostic and Statistical Manual of Mental Disorders
1976	published by the American Psychiatric Association; or
1977	(ii) the current edition of the International Statistical Classification of Diseases and
1978	Related Health Problems.
1979	(19) "Mental health treatment" means convulsive treatment, treatment with
1980	psychoactive medication, or admission to and retention in a facility for a period not to exceed
1981	<u>17 days.</u>
1982	[(16)] (20) "Patient" means an individual who is:
1983	(a) under commitment to the custody or to the treatment services of a local mental
1984	health authority; or
1985	(b) undergoing essential treatment and intervention.
1986	[(17)] <u>(21)</u> "Physician" means an individual who is:
1987	(a) licensed as a physician under Title 58, Chapter 67, Utah Medical Practice Act; or
1988	(b) licensed as a physician under Title 58, Chapter 68, Utah Osteopathic Medical
1989	Practice Act.
1990	[(18)] (22) "Serious bodily injury" means bodily injury that involves a substantial risk
1991	of death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, or
1992	protracted loss or impairment of the function of a bodily member, organ, or mental faculty.
1993	(23) "State hospital" means the Utah State Hospital established in Section 26B-5-302.
1994	$[\frac{(19)}{24}]$ "Substantial danger" means that due to mental illness, an individual is at
1995	serious risk of:
1996	(a) suicide;
1997	(b) serious bodily self-injury;
1998	(c) serious bodily injury because the individual is incapable of providing the basic
1999	necessities of life, including food, clothing, or shelter;

(d) causing or attempting to cause serious bodily injury to another individual;

2001	(e) engaging in harmful sexual conduct; or		
2002	(f) if not treated, suffering severe and abnormal mental, emotional, or physical distress		
2003	that:		
2004	(i) is associated with significant impairment of judgment, reason, or behavior; and		
2005	(ii) causes a substantial deterioration of the individual's previous ability to function		
2006	independently.		
2007	[(20)] (25) "Treatment" means psychotherapy, medication, including the administration		
2008	of psychotropic medication, or other medical treatments that are generally accepted medical or		
2009	psychosocial interventions for the purpose of restoring the patient to an optimal level of		
2010	functioning in the least restrictive environment.		
2011	Section 31. Section 26B-5-302, which is renumbered from Section 62A-15-601 is		
2012	renumbered and amended to read:		
2013	[62A-15-601]. <u>26B-5-302.</u> Utah State Hospital.		
2014	The Utah State Hospital is established and located in Provo, in Utah county. [For		
2015	purposes of this part it is referred to as the "state hospital."]		
2016	Section 32. Section 26B-5-303, which is renumbered from Section 62A-15-603 is		
2017	renumbered and amended to read:		
2018	[62A-15-603]. <u>26B-5-303.</u> Administration of state hospital Division		
2019	Authority.		
2020	(1) The division shall administer the state hospital as part of the state's comprehensive		
2021	mental health program and, to the fullest extent possible, shall, as the state hospital's		
2022	administrator, coordinate with local mental health authority programs.		
2023	(2) The division has the same powers, duties, rights, and responsibilities as, and shall		
2024	perform the same functions that by law are conferred or required to be discharged or performed		
2025	by, the state hospital.		
2026	(3) Supervision and administration of security responsibilities for the state hospital is		

2027	vested in the division. The executive director shall designate, as special function officers,
2028	individuals with peace officer authority to perform special security functions for the state
2029	hospital.
2030	(4) A director of a mental health facility that houses an involuntary patient or a patient
2031	committed by judicial order may establish secure areas, as provided in Section 76-8-311.1,
2032	within the mental health facility for the patient.
2033	Section 33. Section 26B-5-304, which is renumbered from Section 62A-15-613 is
2034	renumbered and amended to read:
2035	[62A-15-613]. <u>26B-5-304.</u> Appointment of superintendent Qualifications
2036	Powers and responsibilities.
2037	(1) The director, with the consent of the executive director, shall appoint a
2038	superintendent of the state hospital, who shall hold office at the will of the director.
2039	(2) The superintendent shall have a bachelor's degree from an accredited university or
2040	college, be experienced in administration, and be knowledgeable in matters concerning mental
2041	health.
2042	(3) The superintendent has general responsibility for the buildings, grounds, and
2043	property of the state hospital.
2044	(4) The superintendent shall appoint, with the approval of the director, as many
2045	employees as necessary for the efficient and economical care and management of the state
2046	hospital, and shall fix the employees' compensation and administer personnel functions
2047	according to the standards of the Division of Human Resource Management.
2048	Section 34. Section 26B-5-305, which is renumbered from Section 62A-15-614 is
2049	renumbered and amended to read:
2050	[62A-15-614]. 26B-5-305. Clinical director Appointment Conditions
2051	and procedure Duties.
2052	(1) Whenever the superintendent is not qualified to be the clinical director of the state
2053	hospital under this section, [he] the superintendent shall, with the approval of the director of

the division, appoint a clinical director who is licensed to practice medicine and surgery in this state, and who has had at least three years' training in a psychiatric residency program approved by the American Board of Psychiatry and Neurology, Inc., and who is eligible for certification by that board.

- (2) The salary of the clinical director of the state hospital shall be fixed by the standards of the Division of Finance, to be paid in the same manner as the salaries of other employees.
- (3) The clinical director shall perform such duties as directed by the superintendent and prescribed by the rules of the board, and shall prescribe and direct the treatment of patients and adopt sanitary measures for their welfare.
- [(3)] (4) If the superintendent is qualified to be the clinical director, [he] the superintendent may assume the duties of the clinical director.
- Section 35. Section **26B-5-306**, which is renumbered from Section 62A-15-610 is renumbered and amended to read:

[62A-15-610]. 26B-5-306. Objectives of state hospital and other facilities -- Persons who may be admitted to state hospital.

- (1) The objectives of the state hospital and other mental health facilities shall be to care for all persons within this state who are subject to the provisions of this chapter; and to furnish them with the proper attendance, medical treatment, seclusion, rest, restraint, amusement, occupation, and support that is conducive to their physical and mental well-being.
 - (2) Only the following persons may be admitted to the state hospital:
- (a) persons 18 years [of age] old and older who meet the criteria necessary for commitment under this part and who have severe mental disorders for whom no appropriate, less restrictive treatment alternative is available;
- (b) persons under 18 years [of age] old who meet the criteria necessary for commitment under [Part 7, Commitment of Persons Under Age 18 to Division of Substance Abuse and Mental Health] Part 4, Commitment of Persons under Age 18, and for whom no less restrictive

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2081	alternative is available;
2082	(c) persons adjudicated and found to be guilty with a mental illness under Title 77,
2083	Chapter 16a, Commitment and Treatment of Persons with a Mental Illness;
2084	(d) persons adjudicated and found to be not guilty by reason of insanity who are under
2085	a subsequent commitment order because they have a mental illness and are a danger to
2086	themselves or others, under Section 77-16a-302;
2087	(e) persons found incompetent to proceed under Section 77-15-6;
2088	(f) persons who require an examination under Title 77, Utah Code of Criminal
2089	Procedure; and
2090	(g) persons in the custody of the Department of Corrections, admitted in accordance
2091	with Section [62A-15-605.5] 26B-5-372, giving priority to those persons with severe mental
2092	disorders.
2093	Section 36. Section 26B-5-307, which is renumbered from Section 62A-15-644 is
2094	renumbered and amended to read:
2095	[62A-15-644]. <u>26B-5-307.</u> Additional powers of director Reports and
2096	records of division.
2097	(1) In addition to specific authority granted by other provisions of this part, the director
2098	has authority to prescribe the form of applications, records, reports, and medical certificates
2099	provided for under this part, and the information required to be contained therein, and to adopt
2100	rules that are not inconsistent with the provisions of this part that the director finds to be
2101	reasonably necessary for the proper and efficient commitment of persons with a mental illness.
2102	(2) The division shall require reports relating to the admission, examination, diagnosis,
2103	release, or discharge of any patient and investigate complaints made by any patient or by any
2104	person on behalf of a patient.
2105	(3) A local mental health authority shall keep a record of the names and current status

of all persons involuntarily committed to it under this chapter.

Section 37. Section 26B-5-308, which is renumbered from Section 62A-15-639 is

2108	renumbered and amended to read:
2109	[62A-15-639]. 26B-5-308. Standards for care and treatment.
2110	Every patient is entitled to humane care and treatment and to medical care and
2111	treatment in accordance with the prevailing standards accepted in medical practice, psychiatric
2112	nursing practice, social work practice, and the practice of clinical psychology.
2113	Section 38. Section 26B-5-309, which is renumbered from Section 62A-15-640 is
2114	renumbered and amended to read:
2115	[62A-15-640]. <u>26B-5-309.</u> Mechanical restraints and medication Clinical
2116	record.
2117	(1) Mechanical restraints may not be applied to a patient unless it is determined by the
2118	director or his designee to be required by the needs of the patient. Every use of a mechanical
2119	restraint and the reasons therefor shall be made a part of the patient's clinical record, under the
2120	signature of the director or his designee, and shall be reviewed regularly.
2121	(2) In no event shall medication be prescribed for a patient unless it is determined by a
2122	physician to be required by the patient's medical needs. Every use of a medication and the
2123	reasons therefor shall be made a part of the patient's clinical record.
2124	Section 39. Section 26B-5-310, which is renumbered from Section 62A-15-641 is
2125	renumbered and amended to read:
2126	[62A-15-641]. <u>26B-5-310.</u> Restrictions and limitations Civil rights and
2127	privileges.
2128	(1) Subject to the general rules of the division, and except to the extent that the director
2129	or his designee determines that it is necessary for the welfare of the patient to impose
2130	restrictions, every patient is entitled to:
2131	(a) communicate, by sealed mail or otherwise, with persons, including official
2132	agencies, inside or outside the facility;
2133	(b) receive visitors; and
2134	(c) exercise all civil rights, including the right to dispose of property, execute

- instruments, make purchases, enter contractual relationships, and vote, unless the patient has been adjudicated to be incompetent and has not been restored to legal capacity.
- (2) When any right of a patient is limited or denied, the nature, extent, and reason for that limitation or denial shall be entered in the patient's treatment record. Any continuing denial or limitation shall be reviewed every 30 days and shall also be entered in that treatment record. Notice of that continuing denial in excess of 30 days shall be sent to the division, the appropriate local mental health authority, the appropriate local substance abuse authority, or an approved treatment facility or program, whichever is most applicable to the patient.
- (3) Notwithstanding any limitations authorized under this section on the right of communication, each patient is entitled to communicate by sealed mail with the appropriate local mental health authority, the appropriate local substance abuse authority, an approved treatment facility or program, the division, the patient's attorney, and the court, if any, that ordered the patient's commitment or essential treatment. In no case may the patient be denied a visit with the legal counsel or clergy of the patient's choice.
- (4) Local mental health authorities, local substance abuse authorities, and approved treatment facilities or programs shall provide reasonable means and arrangements for informing involuntary patients of their right to release as provided in this chapter, and for assisting them in making and presenting requests for release.
- (5) Mental health facilities, local substance abuse authorities, and approved treatment facilities or programs shall post a statement, created by the division, describing a patient's rights under Utah law.
- (6) Notwithstanding Section 53B-17-303, an individual committed under this chapter has the right to determine the final disposition of that individual's body after death.
- Section 40. Section **26B-5-311**, which is renumbered from Section 62A-15-642 is renumbered and amended to read:
- 2160 [62A-15-642]. 26B-5-311. Habeas corpus.
- Any individual detained pursuant to this part is entitled to the writ of habeas corpus

upon proper petition by [himself] themselves or a friend, to the [district] court in the county in

2163	which [he] the individual is detained.
2164	Section 41. Section 26B-5-312, which is renumbered from Section 62A-15-643 is
2165	renumbered and amended to read:
2166	[62A-15-643]. 26B-5-312. Confidentiality of information and records
2167	Exceptions Penalty.
2168	(1) All certificates, applications, records, and reports made for the purpose of this part,
2169	including those made on judicial proceedings for involuntary commitment, that directly or
2170	indirectly identify a patient or former patient or an individual whose commitment has been
2171	sought under this part, shall be kept confidential and may not be disclosed by any person except
2172	insofar as:
2173	(a) the individual identified or his legal guardian, if any, or, if a minor, his parent or
2174	legal guardian shall consent;
2175	(b) disclosure may be necessary to carry out the provisions of:
2176	(i) this part; or
2177	(ii) Section 53-10-208.1; or
2178	(c) a court may direct, upon its determination that disclosure is necessary for the
2179	conduct of proceedings before it, and that failure to make the disclosure would be contrary to
2180	the public interest.
2181	(2) A person who knowingly or intentionally discloses any information not authorized
2182	by this section is guilty of a class B misdemeanor.
2183	Section 42. Section 26B-5-313, which is renumbered from Section 62A-15-1002 is
2184	renumbered and amended to read:
2185	[62A-15-1002]. 26B-5-313. Declaration for mental health treatment.
2186	(1) An adult who is not incapable may make a declaration of preferences or
2187	instructions regarding [his] the adult's mental health treatment. The declaration may include,
2188	but is not limited to, consent to or refusal of specified mental health treatment.

- (2) A declaration for mental health treatment shall designate a capable adult to act as attorney-in-fact to make decisions about mental health treatment for the declarant. An alternative attorney-in-fact may also be designated to act as attorney-in-fact if the original designee is unable or unwilling to act at any time. An attorney-in-fact who has accepted the appointment in writing may make decisions about mental health treatment on behalf of the declarant only when the declarant is incapable. The decisions shall be consistent with any instructions or desires the declarant has expressed in the declaration.
- (3) A declaration is effective only if it is signed by the declarant and two capable adult witnesses. The witnesses shall attest that the declarant is known to them, signed the declaration in their presence, appears to be of sound mind and is not under duress, fraud, or undue influence. Persons specified in Subsection [62A-15-1003] 26B-5-314(6) may not act as witnesses.
- (4) A declaration becomes operative when it is delivered to the declarant's physician or other mental health treatment provider and remains valid until it expires or is revoked by the declarant. The physician or provider is authorized to act in accordance with an operative declaration when the declarant has been found to be incapable. The physician or provider shall continue to obtain the declarant's informed consent to all mental health treatment decisions if the declarant is capable of providing informed consent or refusal.
- (5) (a) An attorney-in-fact does not have authority to make mental health treatment decisions unless the declarant is incapable.
- (b) An attorney-in-fact is not, solely as a result of acting in that capacity, personally liable for the cost of treatment provided to the declarant.
- (c) Except to the extent that a right is limited by a declaration or by any federal law, an attorney-in-fact has the same right as the declarant to receive information regarding the proposed mental health treatment and to receive, review, and consent to disclosure of medical records relating to that treatment. This right of access does not waive any evidentiary privilege.
 - (d) In exercising authority under the declaration, the attorney-in-fact shall act

consistently with the instructions and desires of the declarant, as expressed in the declaration.

If the declarant's desires are unknown, the attorney-in-fact shall act in what [he] the

attorney-in-fact, in good faith, believes to be the best interest of the declarant.

- (e) An attorney-in-fact is not subject to criminal prosecution, civil liability, or professional disciplinary action for any action taken in good faith pursuant to a declaration for mental health treatment.
- (6) (a) A declaration for mental health treatment remains effective for a period of three years or until revoked by the declarant. If a declaration for mental health treatment has been invoked and is in effect at the expiration of three years after its execution, the declaration remains effective until the declarant is no longer incapable.
- (b) The authority of a named attorney-in-fact and any alternative attorney-in-fact continues in effect as long as the declaration appointing the attorney-in-fact is in effect or until the attorney-in-fact has withdrawn.
- (7) A person may not be required to execute or to refrain from executing a declaration as a criterion for insurance, as a condition for receiving mental or physical health services, or as a condition of discharge from a facility.
- Section 43. Section **26B-5-314**, which is renumbered from Section 62A-15-1003 is renumbered and amended to read:
- [62A-15-1003]. <u>26B-5-314.</u> Physician and provider responsibilities --Provision of services contrary to declaration -- Revocation.
- (1) Upon being presented with a declaration, a physician shall make the declaration a part of the declarant's medical record. When acting under authority of a declaration, a physician shall comply with it to the fullest extent possible, consistent with reasonable medical practice, the availability of treatments requested, and applicable law. If the physician or other provider is unwilling at any time to comply with the declaration, the physician or provider shall promptly notify the declarant and the attorney-in-fact, and document the notification in the declarant's medical record.

- (2) A physician or provider may subject a declarant to intrusive treatment in a manner contrary to the declarant's wishes, as expressed in a declaration for mental health treatment if:
 - (a) the declarant has been committed to the custody of a local mental health authority in accordance with [Part 6, Utah State Hospital and Other Mental Health Facilities] this part; or
 - (b) in cases of emergency endangering life or health.
 - (3) A declaration does not limit any authority provided in [Part 6, Utah State Hospital and Other Mental Health Facilities] this part, to take a person into custody, or admit or retain a person in the custody of a local mental health authority.
 - (4) A declaration may be revoked in whole or in part by the declarant at any time so long as the declarant is not incapable. That revocation is effective when the declarant communicates the revocation to the attending physician or other provider. The attending physician or other provider shall note the revocation as part of the declarant's medical record.
 - (5) A physician who administers or does not administer mental health treatment according to and in good faith reliance upon the validity of a declaration is not subject to criminal prosecution, civil liability, or professional disciplinary action resulting from a subsequent finding that a declaration is invalid.
 - (6) None of the following persons may serve as an attorney-in-fact or as witnesses to the signing of a declaration:
 - (a) the declarant's attending physician or mental health treatment provider, or an employee of that physician or provider;
 - (b) an employee of the division; or
 - (c) an employee of a local mental health authority or any organization that contracts with a local mental health authority.
 - (7) An attorney-in-fact may withdraw by giving notice to the declarant. If a declarant is incapable, the attorney-in-fact may withdraw by giving notice to the attending physician or provider. The attending physician shall note the withdrawal as part of the declarant's medical record.

2270	Section 44. Section 26B-5-315, which is renumbered from Section 62A-15-1004 is
2271	renumbered and amended to read:
2272	[62A-15-1004]. <u>26B-5-315.</u> Declaration for mental health treatment Form.
2273	A declaration for mental health treatment shall be in substantially the following form:
2274	DECLARATION FOR MENTAL HEALTH TREATMENT
2275	I,, being an adult of sound mind, willfully and
2276	voluntarily make this declaration for mental health treatment, to be followed if it is determined
2277	by a court or by two physicians that my ability to receive and evaluate information effectively
2278	or to communicate my decisions is impaired to such an extent that I lack the capacity to refuse
2279	or consent to mental health treatment. "Mental health treatment" means convulsive treatment,
2280	treatment with psychoactive medication, and admission to and retention in a mental health
2281	facility for a period up to 17 days.
2282	I understand that I may become incapable of giving or withholding informed consent
2283	for mental health treatment due to the symptoms of a diagnosed mental disorder. These
2284	symptoms may include:
2285	
2286	
2287	
2288	PSYCHOACTIVE MEDICATIONS
2289	If I become incapable of giving or withholding informed consent for mental health
2290	treatment, my wishes regarding psychoactive medications are as follows:
2291	I consent to the administration of the following medications:
2292	
2293	<u> </u>
2294	in the dosages:
2295	considered appropriate by my attending physician.
2296	approved by

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	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		
treatm	ent, 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		
treatm	ent, my wishes regarding admission to and retention in a mental health facility are a		
	s:		
follow			

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-fac
is to act in good faith according to what he or she believes to be in my best interest.
(Signature of Declarant/Date)

AFFIRMAT	ION OF WITNESSES
We affirm that the declarant is personal	lly 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 so	und mind and does not appear to be under
duress, fraud, or undue influence. Neither of us	s is the person appointed as attorney-in-fact by
this document, the attending physician, an emp	oloyee of the attending physician, an employee of
the [Division] Office of Substance Abuse and I	Mental Health within the Department of Health
and Human Services, an employee of a local m	ental health authority, or an employee of any
organization that contracts with a local mental	health authority.
Witnessed By:	
	_
(Signature of Witness/Date)	(Printed Name of Witness)
(Signature of Witness/Date)	(Printed Name of Witness)
ACCEPTANCE OF APPOI	NTMENT AS ATTORNEY-IN-FACT
I accept this appointment and agree to s	serve as attorney-in-fact to make decisions about
mental health treatment for the declarant. I und	erstand that I have a duty to act consistently
with the desires of the declarant as expressed in	n the declaration. I understand that this
document gives me authority to make decision	s 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 incape	
	_
(Signature of Attorney-in-fact/Date)	(Printed name)

	(Signature of Alternate Attorney-in-fact/Date) (Printed name)
	NOTICE TO PERSON MAKING A
	DECLARATION FOR MENTAL HEALTH TREATMENT
	This is an important legal document. It is a declaration that allows, or disallows, mental
]	health treatment. Before signing this document, you should know that:
	(1) this document allows you to make decisions in advance about three types of mental
J	health treatment: psychoactive medication, convulsive therapy, and short-term (up to 17 days)
í	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

2405	(6) If there is anything in this document that you do not understand, you should ask an
2406	attorney to explain it to you. This declaration is not valid unless it is signed by two qualified
2407	witnesses who are personally known to you and who are present when you sign or
2408	acknowledge your signature.
2409	Section 45. Section 26B-5-316, which is renumbered from Section 62A-15-607 is
2410	renumbered and amended to read:
2411	[62A-15-607]. 26B-5-316. Responsibility for cost of care.
2412	(1) The division shall estimate and determine, as nearly as possible, the actual expense
2413	per annum of caring for and maintaining a patient in the state hospital, and that amount or
2414	portion of that amount shall be assessed to and paid by the applicant, patient, spouse, parents,
2415	child or children who are of sufficient financial ability to do so, or by the guardian of the
2416	patient who has funds of the patient that may be used for that purpose.
2417	(2) In addition to the expenses described in Subsection (1), parents are responsible for
2418	the support of their child while the child is in the care of the state hospital pursuant to Title
2419	78B, Chapter 12, Utah Child Support Act, and [Title 62A, Chapter 11, Recovery Services]
2420	Title 26B, Chapter 9, Recovery Services and Administration of Child Support.
2421	Section 46. Section 26B-5-317, which is renumbered from Section 62A-15-617 is
2422	renumbered and amended to read:
2423	[62A-15-617]. Expenses of voluntary patients.
2424	The expense for the care and treatment of voluntary patients shall be assessed to and
2425	paid in the same manner and to the same extent as is provided for involuntary patients under
2426	the provisions of Section [62A-15-607] <u>26B-5-316</u> .
2427	Section 47. Section 26B-5-318, which is renumbered from Section 62A-15-619 is
2428	renumbered and amended to read:
2429	[62A-15-619]. <u>26B-5-318.</u> Liability of estate of person with a mental illness.
2430	The provisions made in this part for the support of persons with a mental illness at
2431	public expense do not release the estates of those persons from liability for their care and

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patients at the state hospital.

treatment, and the division is authorized and empowered to collect from the estates of those persons any sums paid by the state in their behalf. Section 48. Section **26B-5-319**, which is renumbered from Section 62A-15-604 is renumbered and amended to read: [62A-15-604]. 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 [62A-1-111] 26B-1-202(10), 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

(d) Money and interest in the fund may not be used for items normally paid for by

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2459	operating revenues or for items related to personnel costs without specific legislative
2460	authorization.
2461	Section 49. Section 26B-5-320, which is renumbered from Section 62A-15-621 is
2462	renumbered and amended to read:
2463	[62A-15-621]. <u>26B-5-320.</u> Trespass Disturbance Penalty.
2464	Any person who, without permission, enters any of the buildings or enclosures
2465	appropriated to the use of patients, or makes any attempt to do so, or enters anywhere upon the
2466	premises belonging to or used by the division, a local mental health authority, or the state
2467	hospital and commits, or attempts to commit, any trespass or depredation thereon, or any
2468	person who, either from within or without the enclosures, willfully annoys or disturbs the peace
2469	or quiet of the premises or of any patient therein, is guilty of a class B misdemeanor.
2470	Section 50. Section 26B-5-321, which is renumbered from Section 62A-15-622 is
2471	renumbered and amended to read:
2472	[62A-15-622]. <u>26B-5-321.</u> Abduction of patient Penalty.
2473	Any person who abducts a patient who is in the custody of a local mental health
2474	authority, or induces any patient to elope or escape from that custody, or attempts to do so, or
2475	aids or assists therein, is guilty of a class B misdemeanor, in addition to liability for damages,
2476	or subject to other criminal charges.
2477	Section 51. Section 26B-5-322, which is renumbered from Section 62A-15-623 is
2478	renumbered and amended to read:
2479	[62A-15-623]. <u>26B-5-322.</u> Criminal's escape Penalty.
2480	Any person committed to the state hospital under the provisions of Title 77, Chapter 15
2481	Inquiry into Sanity of Defendant, or Chapter 16a, Commitment and Treatment of Persons with
2482	a Mental Illness, who escapes or leaves the state hospital without proper legal authority is
2483	guilty of a class A misdemeanor.
2484	Section 52. Section 26B-5-323, which is renumbered from Section 62A-15-624 is
2485	renumbered and amended to read:

2486	[62A-15-624]. <u>26B-5-323.</u> Violations of this part Penalty.
2487	Any person who willfully and knowingly violates any provision of this part, except
2488	where another penalty is provided by law, is guilty of a class C misdemeanor.
2489	Section 53. Section 26B-5-324, which is renumbered from Section 62A-15-608 is
2490	renumbered and amended to read:
2491	[62A-15-608]. <u>26B-5-324.</u> Local mental health authority Supervision and
2492	treatment of persons with a mental illness.
2493	(1) Each local mental health authority has responsibility for supervision and treatment
2494	of persons with a mental illness who have been committed to its custody under the provisions
2495	of this part, whether residing in the state hospital or elsewhere.
2496	(2) The division, in administering and supervising the security responsibilities of the
2497	state hospital under its authority provided by Section [62A-15-603] 26B-5-303, shall enforce
2498	Sections [62A-15-620 through 62A-15-624] 26B-5-320 through 26B-5-323 and Section
2499	<u>26B-5-342</u> to the extent they pertain to the state hospital.
2500	Section 54. Section 26B-5-325, which is renumbered from Section 62A-15-609 is
2501	renumbered and amended to read:
2502	[62A-15-609]. <u>26B-5-325.</u> Responsibility for education of school-aged
2503	children at the hospital Responsibility for noninstructional services.
2504	(1) The State Board of Education is responsible for the education of school-aged
2505	children committed to the division.
2506	(2) In order to fulfill its responsibility under Subsection (1), the board may contract
2507	with local school districts or other appropriate agencies to provide educational and related
2508	administrative services.
2509	(3) Medical, residential, and other noninstructional services at the state hospital are the
2510	responsibility of the division.
2511	Section 55. Section 26B-5-326, which is renumbered from Section 62A-15-611 is
2512	renumbered and amended to read:

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2513	[62A-15-611]. <u>26B-5-326.</u> Allocation of state hospital beds Formula.
2514	(1) As used in this section:
2515	(a) "Adult beds" means the total number of patient beds located in the adult general
2516	psychiatric unit and the geriatric unit at the state hospital, as determined by the superintendent
2517	of the state hospital.
2518	(b) "Mental health catchment area" means a county or group of counties governed by a
2519	local mental health authority.
2520	(2) (a) The division shall establish by rule a formula to separately allocate to local
2521	mental health authorities adult beds for persons who meet the requirements of Subsection
2522	[62A-15-610] <u>26B-5-306</u> (2)(a). Beginning on May 10, 2011, and ending on June 30, 2011, 152
2523	beds shall be allocated to local mental health authorities under this section.
2524	(b) The number of beds shall be reviewed and adjusted as necessary:
2525	(i) on July 1, 2011, to restore the number of beds allocated to 212 beds as funding
2526	permits; and
2527	(ii) on July 1, 2011, and every three years after July 1, 2011, according to the state's
2528	population.
2529	(c) All population figures utilized shall reflect the most recent available population
2530	estimates from the Utah Population Committee.
2531	(3) The formula established under Subsection (2) shall provide for allocation of beds
2532	based on:
2533	(a) the percentage of the state's adult population located within a mental health
2534	catchment area; and
2535	(b) a differential to compensate for the additional demand for hospital beds in mental
2536	health catchment areas that are located in urban areas.
2537	(4) A local mental health authority may sell or loan its allocation of beds to another
2538	local mental health authority.
2539	(5) The division shall allocate adult beds at the state hospital to local mental health

authorities for their use in accordance with the formula established under this section. If a local mental health authority is unable to access a bed allocated to it under the formula established under Subsection (2), the division shall provide that local mental health authority with funding equal to the reasonable, average daily cost of an acute care bed purchased by the local mental health authority.

- (6) The board shall periodically review and make changes in the formula established under Subsection (2) as necessary to accurately reflect changes in population.
- Section 56. Section **26B-5-327**, which is renumbered from Section 62A-15-612 is renumbered and amended to read:
- 2549 [62A-15-612]. 26B-5-327. Allocation of pediatric state hospital beds -- 2550 Formula.
 - (1) As used in this section:

- (a) "Mental health catchment area" means a county or group of counties governed by a local mental health authority.
- (b) "Pediatric beds" means the total number of patient beds located in the children's unit and the youth units at the state hospital, as determined by the superintendent of the state hospital.
- (2) On July 1, 1996, 72 pediatric beds shall be allocated to local mental health authorities under this section. The division shall review and adjust the number of pediatric beds as necessary every three years according to the state's population of persons under 18 years [of age] old. All population figures utilized shall reflect the most recent available population estimates from the Governor's Office of Planning and Budget.
- (3) The allocation of beds shall be based on the percentage of the state's population of persons under [the age of] 18 years old located within a mental health catchment area. Each community mental health center shall be allocated at least one bed.
- (4) A local mental health authority may sell or loan its allocation of beds to another local mental health authority.

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2567	(5) The division shall allocate /2 pediatric beds at the state hospital to local mental
2568	health authorities for their use in accordance with the formula established under this section. If
2569	a local mental health authority is unable to access a bed allocated to it under that formula, the
2570	division shall provide that local mental health authority with funding equal to the reasonable,
2571	average daily cost of an acute care bed purchased by the local mental health authority.
2572	Section 57. Section 26B-5-330, which is renumbered from Section 62A-15-628 is
2573	renumbered and amended to read:
2574	[62A-15-628]. <u>26B-5-330.</u> Involuntary commitment Procedures.
2575	(1) An adult may not be involuntarily committed to the custody of a local mental health
2576	authority except under the following provisions:
2577	(a) emergency procedures for temporary commitment upon medical or designated
2578	examiner certification, as provided in Subsection [62A-15-629] 26B-5-331(1)(a);
2579	(b) emergency procedures for temporary commitment without endorsement of medical
2580	or designated examiner certification, as provided in Subsection [62A-15-629] 26B-5-331(1)(b);
2581	or
2582	(c) commitment on court order, as provided in Section [62A-15-631] 26B-5-332.
2583	(2) A person under 18 years [of age] old may be committed to the physical custody of a
2584	local mental health authority only in accordance with the provisions of [Part 7, Commitment of
2585	Persons Under Age 18 to Division of Substance Abuse and Mental Health] Part 4,
2586	Commitment of Persons Under Age 18.
2587	Section 58. Section 26B-5-331, which is renumbered from Section 62A-15-629 is
2588	renumbered and amended to read:
2589	[62A-15-629]. 26B-5-331. Temporary commitment Requirements and
2590	procedures Rights.
2591	(1) An adult shall be temporarily, involuntarily committed to a local mental health
2592	authority upon:
2593	(a) a written application that:

2594 (i) is completed by a responsible individual who has reason to know, stating a belief 2595 that the adult, due to mental illness, is likely to pose substantial danger to self or others if not 2596 restrained and stating the personal knowledge of the adult's condition or circumstances that 2597 lead to the individual's belief; and 2598 (ii) includes a certification by a licensed physician, licensed physician assistant, 2599 licensed nurse practitioner, or designated examiner stating that the physician, physician 2600 assistant, nurse practitioner, or designated examiner has examined the adult within a three-day 2601 period immediately preceding the certification, and that the physician, physician assistant, 2602 nurse practitioner, or designated examiner is of the opinion that, due to mental illness, the adult 2603 poses a substantial danger to self or others; or 2604 (b) a peace officer or a mental health officer: 2605 (i) observing an adult's conduct that gives the peace officer or mental health officer probable cause to believe that: 2606 2607 (A) the adult has a mental illness; and 2608 (B) because of the adult's mental illness and conduct, the adult poses a substantial 2609 danger to self or others; and 2610 (ii) completing a temporary commitment application that: 2611 (A) is on a form prescribed by the division; 2612 (B) states the peace officer's or mental health officer's belief that the adult poses a 2613 substantial danger to self or others; 2614 (C) states the specific nature of the danger; 2615 (D) provides a summary of the observations upon which the statement of danger is 2616 based; and 2617 (E) provides a statement of the facts that called the adult to the peace officer's or 2618 mental health officer's attention. 2619 (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

2621	mental health authority's designee shall document the change and release the patient.
2622	(3) (a) A patient committed under this section may be held for a maximum of 24 hours
2623	after commitment, excluding Saturdays, Sundays, and legal holidays, unless:
2624	(i) as described in Section [62A-15-631] 26B-5-332, an application for involuntary
2625	commitment is commenced, which may be accompanied by an order of detention described in
2626	Subsection [62A-15-631] <u>26B-5-332(</u> 4);
2627	(ii) the patient makes a voluntary application for admission; or
2628	(iii) before expiration of the 24 hour period, a licensed physician, licensed physician
2629	assistant, licensed nurse practitioner, or designated examiner examines the patient and certifies
2630	in writing that:
2631	(A) the patient, due to mental illness, poses a substantial danger to self or others;
2632	(B) additional time is necessary for evaluation and treatment of the patient's mental
2633	illness; and
2634	(C) there is no appropriate less-restrictive alternative to commitment to evaluate and
2635	treat the patient's mental illness.
2636	(b) A patient described in Subsection (3)(a)(iii) may be held for a maximum of 48
2637	hours after the 24 hour period described in Subsection (3)(a) expires, excluding Saturdays,
2638	Sundays, and legal holidays.
2639	(c) Subsection (3)(a)(iii) applies to an adult patient.
2640	(4) Upon a written application described in Subsection (1)(a) or the observation and
2641	belief described in Subsection (1)(b)(i), the adult shall be:
2642	(a) taken into a peace officer's protective custody, by reasonable means, if necessary for
2643	public safety; and
2644	(b) transported for temporary commitment to a facility designated by the local mental
2645	health authority, by means of:
2646	(i) an ambulance, if the adult meets any of the criteria described in Section [26-8a-305]
2647	<u>26B-4-119;</u>

(ii) an ambulance, if a peace officer is not necessary for public safety, andtransportation 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

- (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 [26-8a-102] 26B-4-101.
 - (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;
- (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

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2675	patient's choice; and
2676	(ii) see and communicate with an attorney.
2677	(7) (a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this
2678	section.
2679	(b) This section does not create a special duty of care.
2680	Section 59. Section 26B-5-332, which is renumbered from Section 62A-15-631 is
2681	renumbered and amended to read:
2682	[62A-15-631]. 26B-5-332. Involuntary commitment under court order
2683	Examination Hearing Power of court Findings required Costs.
2684	(1) A responsible individual who has credible knowledge of an adult's mental illness
2685	and the condition or circumstances that have led to the adult's need to be involuntarily
2686	committed may initiate an involuntary commitment court proceeding by filing, in the [district]
2687	court in the county where the proposed patient resides or is found, a written application that
2688	includes:
2689	(a) unless the court finds that the information is not reasonably available, the proposed
2690	patient's:
2691	(i) name;
2692	(ii) date of birth; and
2693	(iii) social security number;
2694	(b) (i) a certificate of a licensed physician or a designated examiner stating that within
2695	the seven-day period immediately preceding the certification, the physician or designated
2696	examiner examined the proposed patient and is of the opinion that the proposed patient has a
2697	mental illness and should be involuntarily committed; or
2698	(ii) a written statement by the applicant that:
2699	(A) the proposed patient has been requested to, but has refused to, submit to an
2700	examination of mental condition by a licensed physician or designated examiner;
2701	(B) is sworn to under oath; and

(C) states the facts upon which the application is based; and

- (c) a statement whether the proposed patient has previously been under an assisted outpatient treatment order, if known by the applicant.
 - (2) Before issuing a judicial order, the court:

- (a) shall require the applicant to consult with the appropriate local mental health authority at or before the hearing; and
- (b) may direct a mental health professional from the local mental health authority to interview the applicant and the proposed patient to determine the existing facts and report the existing facts to the court.
- (3) The court may issue an order, directed to a mental health officer or peace officer, to immediately place a proposed patient in the custody of a local mental health authority or in a temporary emergency facility, as described in Section [62A-15-634] 26B-5-334, to be detained for the purpose of examination if:
- (a) the court finds from the application, any other statements under oath, or any reports from a mental health professional that there is a reasonable basis to believe that the proposed patient has a mental illness that poses a danger to self or others and requires involuntary commitment pending examination and hearing; or
- (b) the proposed patient refuses to submit to an interview with a mental health professional as directed by the court or to go to a treatment facility voluntarily.
- (4) (a) The court shall provide notice of commencement of proceedings for involuntary commitment, setting forth the allegations of the application and any reported facts, together with a copy of any official order of detention, to a proposed patient before, or upon, placement of the proposed patient in the custody of a local mental health authority or, with respect to any proposed patient presently in the custody of a local mental health authority whose status is being changed from voluntary to involuntary, upon the filing of an application for that purpose with the court.
 - (b) The place of detention shall maintain a copy of the order of detention.

- (5) (a) The court shall provide notice of commencement of proceedings for involuntary commitment as soon as practicable to the applicant, any legal guardian, any immediate adult family members, legal counsel for the parties involved, the local mental health authority or the local mental health authority's designee, and any other persons whom the proposed patient or the court designates.
- (b) Except as provided in Subsection (5)(c), the notice under Subsection (5)(a) shall advise the persons that a hearing may be held within the time provided by law.
- (c) If the proposed patient refuses to permit release of information necessary for provisions of notice under this subsection, the court shall determine the extent of notice.
- (6) Proceedings for commitment of an individual under 18 years old to a local mental health authority may be commenced in accordance with [Part 7, Commitment of Persons Under Age 18 to Division of Substance Abuse and Mental Health] Part 4, Commitment of Persons Under Age 18.
- (7) (a) The [district] court may, in the [district] court's discretion, transfer the case to any other district court within this state, if the transfer will not be adverse to the interest of the proposed patient.
- (b) If a case is transferred under Subsection (7)(a), the parties to the case may be transferred and the local mental health authority may be substituted in accordance with Utah Rules of Civil Procedure, Rule 25.
- (8) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance of a judicial order, or after commitment of a proposed patient to a local mental health authority or the local mental health authority's designee under court order for detention or examination, the court shall appoint two designated examiners:
- (a) who did not sign the civil commitment application nor the civil commitment certification under Subsection (1);
 - (b) one of whom is a licensed physician; and
- (c) one of whom may be designated by the proposed patient or the proposed patient's

2756	counsel, if that designated examiner is reasonably available.
2757	(9) The court shall schedule a hearing to be held within 10 calendar days after the day
2758	on which the designated examiners are appointed.
2759	(10) (a) The designated examiners shall:
2760	(i) conduct the examinations separately;
2761	(ii) conduct the examinations at the home of the proposed patient, at a hospital or other
2762	medical facility, or at any other suitable place, including through telehealth, that is not likely to
2763	have a harmful effect on the proposed patient's health;
2764	(iii) inform the proposed patient, if not represented by an attorney:
2765	(A) that the proposed patient does not have to say anything;
2766	(B) of the nature and reasons for the examination;
2767	(C) that the examination was ordered by the court;
2768	(D) that any information volunteered could form part of the basis for the proposed
2769	patient's involuntary commitment;
2770	(E) that findings resulting from the examination will be made available to the court;
2771	and
2772	(F) that the designated examiner may, under court order, obtain the proposed patient's
2773	mental health records; and
2774	(iv) within 24 hours of examining the proposed patient, report to the court, orally or in
2775	writing, whether the proposed patient is mentally ill, has agreed to voluntary commitment, as
2776	described in Section [62A-15-625] 26B-5-360, or has acceptable programs available to the
2777	proposed patient without court proceedings.
2778	(b) If a designated examiner reports orally under Subsection (10)(a), the designated
2779	examiner shall immediately send a written report to the clerk of the court.
2780	(11) If a designated examiner is unable to complete an examination on the first attempt
2781	because the proposed patient refuses to submit to the examination, the court shall fix a

reasonable compensation to be paid to the examiner.

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(12) If the local mental health authority, the local mental health authority's designee, or
a medical examiner determines before the court hearing that the conditions justifying the
findings leading to a commitment hearing no longer exist, the local mental health authority, the
local mental health authority's designee, or the medical examiner shall immediately report the
determination to the court.

- (13) The court may terminate the proceedings and dismiss the application at any time, including before the hearing, if the designated examiners or the local mental health authority or the local mental health authority's designee informs the court that the proposed patient:
 - (a) does not meet the criteria in Subsection (16);
- (b) has agreed to voluntary commitment, as described in Section [62A-15-625] 26B-5-360;
 - (c) has acceptable options for treatment programs that are available without court proceedings; or
 - (d) meets the criteria for assisted outpatient treatment described in Section [62A-15-630.5] 26B-5-351.
 - (14) (a) Before the hearing, the court shall provide the proposed patient an opportunity to be represented by counsel, and if neither the proposed patient nor others provide counsel, the court shall appoint counsel and allow counsel sufficient time to consult with the proposed patient before the hearing.
 - (b) In the case of an indigent proposed patient, the county in which the proposed patient resides or is found shall make payment of reasonable attorney fees for counsel, as determined by the court.
 - (15) (a) (i) The court shall afford the proposed patient, the applicant, and any other person to whom notice is required to be given an opportunity to appear at the hearing, to testify, and to present and cross-examine witnesses.
 - (ii) The court may, in the court's discretion, receive the testimony of any other person.
 - (iii) The court may allow a waiver of the proposed patient's right to appear for good

cause, which cause shall be set forth in the record, or an informed waiver by the patient, which shall be included in the record.

- (b) The court is authorized to exclude any person not necessary for the conduct of the proceedings and may, upon motion of counsel, require the testimony of each designated examiner to be given out of the presence of any other designated examiners.
- (c) The court shall conduct the hearing in as informal a manner as may be consistent with orderly procedure, and in a physical setting that is not likely to have a harmful effect on the mental health of the proposed patient, while preserving the due process rights of the proposed patient.
- (d) The court shall consider any relevant historical and material information that is offered, subject to the rules of evidence, including reliable hearsay under [Rule 1102,] Utah Rules of Evidence, Rule 1102.
- (e) (i) A local mental health authority or the local mental health authority's designee or the physician in charge of the proposed patient's care shall, at the time of the hearing, provide the court with the following information:
 - (A) the detention order;
- 2826 (B) admission notes;
- 2827 (C) the diagnosis;

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- 2828 (D) any doctors' orders;
- 2829 (E) progress notes;
- 2830 (F) nursing notes;
- 2831 (G) medication records pertaining to the current commitment; and
- 2832 (H) whether the proposed patient has previously been civilly committed or under an order for assisted outpatient treatment.
- 2834 (ii) The information described in Subsection (15)(e)(i) shall also be supplied to the 2835 proposed patient's counsel at the time of the hearing, and at any time prior to the hearing upon 2836 request.

2837	(16) (a) The court shall order commitment of an adult proposed patient to a local
2838	mental health authority if, upon completion of the hearing and consideration of the information
2839	presented, the court finds by clear and convincing evidence that:
2840	(i) the proposed patient has a mental illness;
2841	(ii) because of the proposed patient's mental illness the proposed patient poses a
2842	substantial danger to self or others;
2843	(iii) the proposed patient lacks the ability to engage in a rational decision-making
2844	process regarding the acceptance of mental treatment as demonstrated by evidence of inability
2845	to weigh the possible risks of accepting or rejecting treatment;
2846	(iv) there is no appropriate less-restrictive alternative to a court order of commitment;
2847	and
2848	(v) the local mental health authority can provide the proposed patient with treatment
2849	that is adequate and appropriate to the proposed patient's conditions and needs.
2850	(b) (i) If, at the hearing, the court determines that the proposed patient has a mental
2851	illness but does not meet the other criteria described in Subsection (16)(a), the court may
2852	consider whether the proposed patient meets the criteria for assisted outpatient treatment under
2853	Section [62A-15-630.5] <u>26B-5-351</u> .
2854	(ii) The court may order the proposed patient to receive assisted outpatient treatment in
2855	accordance with Section [$\frac{62A-15-630.5}{26B-5-351}$] if, at the hearing, the court finds the
2856	proposed patient meets the criteria for assisted outpatient treatment under Section
2857	[62A-15-630.5] <u>26B-5-351</u> .
2858	(iii) If the court determines that neither the criteria for commitment under Subsection
2859	(16)(a) nor the criteria for assisted outpatient treatment under Section [62A-15-630.5]
2860	<u>26B-5-351</u> are met, the court shall dismiss the proceedings after the hearing.
2861	(17) (a) (i) The order of commitment shall designate the period for which the patient
2862	shall be treated.

(ii) If the patient is not under an order of commitment at the time of the hearing, the

patient's treatment period may not exceed six months without a review hearing.

(iii) Upon a review hearing, to be commenced before the expiration of the previous order of commitment, an order for commitment may be for an indeterminate period, if the court finds by clear and convincing evidence that the criteria described in Subsection (16) will last for an indeterminate period.

- (b) (i) The court shall maintain a current list of all patients under the court's order of commitment and review the list to determine those patients who have been under an order of commitment for the court designated period.
- (ii) At least two weeks before the expiration of the designated period of any order of commitment still in effect, the court that entered the original order of commitment shall inform the appropriate local mental health authority or the local mental health authority's designee of the expiration.
- (iii) Upon receipt of the information described in Subsection (17)(b)(ii), the local mental health authority or the local mental health authority's designee shall immediately reexamine the reasons upon which the order of commitment was based.
- (iv) If, after reexamination under Subsection (17)(b)(iii), the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment no longer exist, the local mental health authority or the local mental health authority's designee shall discharge the patient from involuntary commitment and immediately report the discharge to the court.
- (v) If, after reexamination under Subsection (17)(b)(iii), the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment continue to exist, the court shall immediately appoint two designated examiners and proceed under Subsections (8) through (14).
- (c) (i) The local mental health authority or the local mental health authority's designee responsible for the care of a patient under an order of commitment for an indeterminate period shall, at six-month intervals, reexamine the reasons upon which the order of indeterminate

commitment was based.

- (ii) If the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment no longer exist, the local mental health authority or the local mental health authority's designee shall discharge the patient from the local mental health authority's or the local mental health authority designee's custody and immediately report the discharge to the court.
- (iii) If the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment continue to exist, the local mental health authority or the local mental health authority's designee shall send a written report of the findings to the court.
- (iv) A patient and the patient's counsel of record shall be notified in writing that the involuntary commitment will be continued under Subsection (17)(c)(iii), the reasons for the decision to continue, and that the patient has the right to a review hearing by making a request to the court.
- (v) Upon receiving a request under Subsection (17)(c)(iv), the court shall immediately appoint two designated examiners and proceed under Subsections (8) through (14).
- (18) (a) Any patient committed as a result of an original hearing or a patient's legally designated representative who is aggrieved by the findings, conclusions, and order of the court entered in the original hearing has the right to a new hearing upon a petition filed with the court within 30 days after the day on which the court order is entered.
- (b) The petition shall allege error or mistake in the findings, in which case the court shall appoint three impartial designated examiners previously unrelated to the case to conduct an additional examination of the patient.
- (c) Except as provided in Subsection (18)(b), the court shall, in all other respects, conduct the new hearing in the manner otherwise permitted.
- (19) The county in which the proposed patient resides or is found shall pay the costs of all proceedings under this section.

2918	Section 60. Section 26B-5-333, which is renumbered from Section 62A-15-632 is
2919	renumbered and amended to read:
2920	[62A-15-632]. <u>26B-5-333.</u> Circumstances under which conditions justifying
2921	initial involuntary commitment shall be considered to continue to exist.
2922	(1) When an individual is involuntarily committed to the custody of a local mental
2923	health authority under Subsection [62A-15-631] 26B-5-332(16), the conditions justifying
2924	commitment under that Subsection shall be considered to continue to exist for purposes of
2925	continued treatment under Subsection [62A-15-631] 26B-5-332(17) or conditional release
2926	under Section [$\frac{62A-15-637}{26B-5-337}$] $\frac{26B-5-337}{26B-5-337}$ if the court finds that:
2927	(a) the patient is still mentally ill;
2928	(b) there is no appropriate less restrictive alternative to a court order of involuntary
2929	commitment; and
2930	(c) absent an order of involuntary commitment, the patient will likely pose a substantial
2931	danger to self or others.
2932	(2) When an individual has been ordered to assisted outpatient treatment under
2933	Subsection [62A-15-630.5] 26B-5-351(14), the individual may be involuntarily committed to
2934	the custody of a local mental health authority under Subsection [62A-15-631] 26B-5-332(16)
2935	for purposes of continued treatment under Subsection [62A-15-631] 26B-5-332(17) or
2936	conditional release under Section [$\frac{62A-15-637}{26B-5-337}$, if the court finds that:
2937	(a) the patient is still mentally ill;
2938	(b) there is no appropriate less-restrictive alternative to a court order of involuntary
2939	commitment; and
2940	(c) based upon the patient's conduct and statements during the preceding six months, or
2941	the patient's failure to comply with treatment recommendations during the preceding six
2942	months, the court finds that absent an order of involuntary commitment, the patient is likely to
2943	pose a substantial danger to self or others.
2944	(3) A patient whose treatment is continued or who is conditionally released under the

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terms of this section shall be maintained in the least restrictive environment available that can
provide the patient with treatment that is adequate and appropriate.

Section 61. Section **26B-5-334**, which is renumbered from Section 62A-15-634 is renumbered and amended to read:

[62A-15-634]. 26B-5-334. Detention pending placement in custody.

Pending commitment to a local mental health authority, a patient taken into custody or ordered to be committed pursuant to this part may be detained in the patient's home, a licensed foster home, or any other suitable facility under reasonable conditions prescribed by the local mental health authority. Except in an extreme emergency, the patient may not be detained in a nonmedical facility used for the detention of individuals charged with or convicted of criminal offenses. The local mental health authority shall take reasonable measures, including provision of medical care, as may be necessary to assure proper care of an individual temporarily detained pursuant to this section.

Section 62. Section **26B-5-335**, which is renumbered from Section 62A-15-635 is renumbered and amended to read:

[62A-15-635]. <u>26B-5-335.</u> Notice of commitment.

Whenever a patient has been temporarily, involuntarily committed to a local mental health authority under Section [62A-15-629] 26B-5-331 on the application of an individual other than the patient's legal guardian, spouse, or next of kin, the local mental health authority or a designee of the local mental health authority shall immediately notify the patient's legal guardian, spouse, or next of kin, if known.

Section 63. Section **26B-5-336**, which is renumbered from Section 62A-15-636 is renumbered and amended to read:

[62A-15-636]. 26B-5-336. Periodic review -- Discharge.

Each local mental health authority or its designee shall, as frequently as practicable, examine or cause to be examined every person who has been committed to it. Whenever the local mental health authority or its designee determines that the conditions justifying

involuntary commitment no longer exist, it shall discharge the patient. If the patient has been
committed through judicial proceedings, a report describing that determination shall be sent to
the clerk of the court where the proceedings were held.
Section 64. Section 26B-5-337, which is renumbered from Section 62A-15-637 is
renumbered and amended to read:
[62A-15-637]. 26B-5-337. Release of patient to receive other treatment
Placement in more restrictive environment Procedures.
(1) A local mental health authority or a designee of a local mental health authority may
conditionally release an improved patient to less restrictive treatment when:
(a) the authority specifies the less restrictive treatment; and
(b) the patient agrees in writing to the less restrictive treatment.
(2) (a) Whenever a local mental health authority or a designee of a local mental health
authority determines that the conditions justifying commitment no longer exist, the local
mental health authority or the designee shall discharge the patient.
(b) If the discharged patient has been committed through judicial proceedings, the local
mental health authority or the designee shall prepare a report describing the determination and
shall send the report to the clerk of the court where the proceedings were held.
(3) (a) A local mental health authority or a designee of a local mental health authority
is authorized to issue an order for the immediate placement of a current patient into a more
restrictive environment, if:
(i) the local mental health authority or a designee of a local mental health authority has
reason to believe that the patient's current environment is aggravating the patient's mental
illness; or
(ii) the patient has failed to comply with the specified treatment plan to which the
patient agreed in writing.
(b) An order for a more restrictive environment shall:
(i) state the reasons for the order;

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2999	(11) authorize any peace officer to take the patient into physical custody and transport
3000	the patient to a facility designated by the local mental health authority;
3001	(iii) inform the patient of the right to a hearing, the right to appointed counsel, and the
3002	other procedures described in Subsection [62A-15-631] 26B-5-332(14); and
3003	(iv) prior to or upon admission to the more restrictive environment, or upon imposition
3004	of additional or different requirements as conditions for continued conditional release from
3005	inpatient care, copies of the order shall be delivered to:
3006	(A) the patient;
3007	(B) the person in whose care the patient is placed;
3008	(C) the patient's counsel of record; and
3009	(D) the court that entered the original order of commitment.
3010	(c) If the patient was in a less restrictive environment for more than 30 days and is
3011	aggrieved by the change to a more restrictive environment, the patient or the patient's
3012	representative may request a hearing within 30 days of the change. Upon receiving the request,
3013	the court shall immediately appoint two designated examiners and proceed pursuant to Section
3014	[62A-15-631] $26B-5-332$, with the exception of Subsection $[62A-15-631]$ $26B-5-332$ (16),
3015	unless, by the time set for the hearing, the patient is returned to the less restrictive environment
3016	or the patient withdraws the request for a hearing, in writing.
3017	(d) The court shall:
3018	(i) make findings regarding whether the conditions described in Subsections (3)(a) and
3019	(b) were met and whether the patient is in the least restrictive environment that is appropriate
3020	for the patient's needs; and
3021	(ii) designate, by order, the environment for the patient's care and the period for which
3022	the patient shall be treated, which may not extend beyond expiration of the original order of
3023	commitment.
3024	(4) Nothing contained in this section prevents a local mental health authority or its
3025	designee, pursuant to Section [62A-15-636] 26B-5-336, from discharging a patient from

commitment or from placing a patient in an environment that is less restrictive than that ordered by the court.

Section 65. Section **26B-5-338**, which is renumbered from Section 62A-15-638 is renumbered and amended to read:

[62A-15-638]. <u>26B-5-338.</u> Reexamination of court order for commitment -- Procedures -- Costs.

- (1) Any patient committed pursuant to Section [62A-15-631] 26B-5-332 is entitled to a reexamination of the order for commitment on the patient's own petition, or on that of the legal guardian, parent, spouse, relative, or friend, to the [district] court of the county in which the patient resides or is detained.
- (2) Upon receipt of the petition, the court shall conduct or cause to be conducted by a mental health commissioner proceedings in accordance with Section [62A-15-631] 26B-5-332, except that those proceedings shall not be required to be conducted if the petition is filed sooner than six months after the issuance of the order of commitment or the filing of a previous petition under this section, provided that the court may hold a hearing within a shorter period of time if good cause appears. The costs of proceedings for such judicial determination shall be paid by the county in which the patient resided or was found prior to commitment, upon certification, by the clerk of the [district] court in the county where the proceedings are held, to the county legislative body that those proceedings were held and the costs incurred.

Section 66. Section **26B-5-339**, which is renumbered from Section 62A-15-618 is renumbered and amended to read:

[62A-15-618]. 26B-5-339. Designated examiners.

- (1) A designated examiner shall consider a proposed patient's mental health history when evaluating a proposed patient.
- (2) A designated examiner may request a court order to obtain a proposed patient's mental health records if a proposed patient refuses to share this information with the designated examiner.

3053	(3) A designated examiner, when evaluating a proposed patient for civil commitment,
3054	shall consider whether:
3055	(a) a proposed patient has been under a court order for assisted outpatient treatment;
3056	(b) the proposed patient complied with the terms of the assisted outpatient treatment
3057	order, if any; and
3058	(c) whether assisted outpatient treatment is sufficient to meet the proposed patient's
3059	needs.
3060	(4) A designated examiner shall be allowed a reasonable fee by the county legislative
3061	body of the county in which the proposed patient resides or is found, unless the designated
3062	examiner is otherwise paid.
3063	Section 67. Section 26B-5-340, which is renumbered from Section 62A-15-630 is
3064	renumbered and amended to read:
3065	[62A-15-630]. <u>26B-5-340.</u> Mental health commissioners.
3066	The court may appoint a mental health commissioner to assist in conducting
3067	commitment proceedings in accordance with Section 78A-5-107.
3068	Section 68. Section 26B-5-341, which is renumbered from Section 62A-15-626 is
3069	renumbered and amended to read:
3070	[62A-15-626]. Release from commitment.
3071	(1) (a) Subject to Subsection (1)(b), a local mental health authority or the mental health
3072	authority's designee shall release from commitment any individual who, in the opinion of the
3073	local mental health authority or the mental health authority's designee, has recovered or no
3074	longer meets the criteria specified in Section [62A-15-631] 26B-5-332.
3075	(b) A local mental health authority's inability to locate a committed individual may not
3076	be the basis for the individual's release, unless the court orders the release of the individual
3077	after a hearing.
3078	(2) A local mental health authority or the mental health authority's designee may
3079	release from commitment any patient whose commitment is determined to be no longer

3080	advisable except as provided by Section [62A-15-705] 26B-5-405, but an effort shall be made
3081	to assure that any further supportive services required to meet the patient's needs upon release
3082	will be provided.
3083	(3) When a patient has been committed to a local mental health authority by judicial
3084	process, the local mental health authority shall follow the procedures described in Sections
3085	[62A-15-636 and 62A-15-637] <u>26B-5-336 and 26B-5-337</u> .
3086	Section 69. Section 26B-5-342, which is renumbered from Section 62A-15-620 is
3087	renumbered and amended to read:
3088	[62A-15-620]. 26B-5-342. Attempt to commit person contrary to
3089	requirements Penalty.
3090	Any person who attempts to place another person in the custody of a local mental health
3091	authority contrary to the provisions of this part is guilty of a class B misdemeanor, in addition
3092	to liability in an action for damages, or subject to other criminal charges.
3093	Section 70. Section 26B-5-350, which is renumbered from Section 62A-15-630.4 is
3094	renumbered and amended to read:
3095	[62A-15-630.4]. 26B-5-350. Assisted outpatient treatment services.
3096	(1) The local mental health authority or [its] the local mental health authority's
3097	designee shall provide assisted outpatient treatment, which shall include:
3098	(a) case management; and
3099	(b) an individualized treatment plan, created with input from the proposed patient
3100	when possible.
3101	(2) A court order for assisted outpatient treatment does not create independent
3102	authority to forcibly medicate a patient.
3103	Section 71. Section 26B-5-351 , which is renumbered from Section 62A-15-630.5 is
3104	renumbered and amended to read:
3105	[62A-15-630.5]. 26B-5-351. Assisted outpatient treatment proceedings.
3106	(1) A responsible individual who has credible knowledge of an adult's mental illness

3107	and the condition or circumstances that have led to the adult's need for assisted outpatient
3108	treatment may file, in the [district] court in the county where the proposed patient resides or is
3109	found, a written application that includes:
3110	(a) unless the court finds that the information is not reasonably available, the proposed
3111	patient's:
3112	(i) name;
3113	(ii) date of birth; and
3114	(iii) social security number; and
3115	(b) (i) a certificate of a licensed physician or a designated examiner stating that within
3116	the seven-day period immediately preceding the certification, the physician or designated
3117	examiner examined the proposed patient and is of the opinion that the proposed patient has a
3118	mental illness and should be involuntarily committed; or
3119	(ii) a written statement by the applicant that:
3120	(A) the proposed patient has been requested to, but has refused to, submit to an
3121	examination of mental condition by a licensed physician or designated examiner;
3122	(B) is sworn to under oath; and
3123	(C) states the facts upon which the application is based.
3124	(2) (a) Subject to Subsection (2)(b), before issuing a judicial order, the court may
3125	require the applicant to consult with the appropriate local mental health authority, and the court
3126	may direct a mental health professional from that local mental health authority to interview the
3127	applicant and the proposed patient to determine the existing facts and report them to the court.
3128	(b) The consultation described in Subsection (2)(a):
3129	(i) may take place at or before the hearing; and
3130	(ii) is required if the local mental health authority appears at the hearing.
3131	(3) If the proposed patient refuses to submit to an interview described in Subsection
3132	(2)(a) or an examination described in Subsection (8), the court may issue an order, directed to a

mental health officer or peace officer, to immediately place the proposed patient into the

custody of a local mental health authority or in a temporary emergency facility, as provided in Section [62A-15-634] 26B-5-334, to be detained for the purpose of examination.

- (4) Notice of commencement of proceedings for assisted outpatient treatment, setting forth the allegations of the application and any reported facts, together with a copy of any official order of detention, shall:
- (a) be provided by the court to a proposed patient before, or upon, placement into the custody of a local mental health authority or, with respect to any proposed patient presently in the custody of a local mental health authority;
 - (b) be maintained at the proposed patient's place of detention, if any;
- (c) be provided by the court as soon as practicable to the applicant, any legal guardian, any immediate adult family members, legal counsel for the parties involved, the local mental health authority or its designee, and any other person whom the proposed patient or the court shall designate; and
 - (d) advise that a hearing may be held within the time provided by law.
- (5) The [district] court may, in its discretion, transfer the case to any other [district] court within this state, provided that the transfer will not be adverse to the interest of the proposed patient.
- (6) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance of a judicial order, or after commitment of a proposed patient to a local mental health authority or its designee under court order for detention in order to complete an examination, the court shall appoint two designated examiners:
- (a) who did not sign the assisted outpatient treatment application nor the certification described in Subsection (1);
 - (b) one of whom is a licensed physician; and
- (c) one of whom may be designated by the proposed patient or the proposed patient's counsel, if that designated examiner is reasonably available.
 - (7) The court shall schedule a hearing to be held within 10 calendar days of the day on

3161	which the designated examiners are appointed.
3162	(8) The designated examiners shall:
3163	(a) conduct their examinations separately;
3164	(b) conduct the examinations at the home of the proposed patient, at a hospital or other
3165	medical facility, or at any other suitable place that is not likely to have a harmful effect on the
3166	proposed patient's health;
3167	(c) inform the proposed patient, if not represented by an attorney:
3168	(i) that the proposed patient does not have to say anything;
3169	(ii) of the nature and reasons for the examination;
3170	(iii) that the examination was ordered by the court;
3171	(iv) that any information volunteered could form part of the basis for the proposed
3172	patient to be ordered to receive assisted outpatient treatment; and
3173	(v) that findings resulting from the examination will be made available to the court;
3174	and
3175	(d) within 24 hours of examining the proposed patient, report to the court, orally or in
3176	writing, whether the proposed patient is mentally ill. If the designated examiner reports orally,
3177	the designated examiner shall immediately send a written report to the clerk of the court.
3178	(9) If a designated examiner is unable to complete an examination on the first attempt
3179	because the proposed patient refuses to submit to the examination, the court shall fix a
3180	reasonable compensation to be paid to the examiner.
3181	(10) If the local mental health authority, its designee, or a medical examiner determines
3182	before the court hearing that the conditions justifying the findings leading to an assisted
3183	outpatient treatment hearing no longer exist, the local mental health authority, its designee, or
3184	the medical examiner shall immediately report that determination to the court.
3185	(11) The court may terminate the proceedings and dismiss the application at any time,
3186	including prior to the hearing, if the designated examiners or the local mental health authority
3187	or its designee informs the court that the proposed patient does not meet the criteria in

3188 Subsection (14).

(12) Before the hearing, an opportunity to be represented by counsel shall be afforded to the proposed patient, and if neither the proposed patient nor others provide counsel, the court shall appoint counsel and allow counsel sufficient time to consult with the proposed patient before the hearing. In the case of an indigent proposed patient, the payment of reasonable attorney fees for counsel, as determined by the court, shall be made by the county in which the proposed patient resides or is found.

- (13) (a) All persons to whom notice is required to be given shall be afforded an opportunity to appear at the hearing, to testify, and to present and cross-examine witnesses. The court may, in its discretion, receive the testimony of any other individual. The court may allow a waiver of the proposed patient's right to appear for good cause, which cause shall be set forth in the record, or an informed waiver by the patient, which shall be included in the record.
- (b) The court is authorized to exclude all individuals not necessary for the conduct of the proceedings and may, upon motion of counsel, require the testimony of each examiner to be given out of the presence of any other examiners.
- (c) The hearing shall be conducted in as informal a manner as may be consistent with orderly procedure, and in a physical setting that is not likely to have a harmful effect on the mental health of the proposed patient.
- (d) The court shall consider all relevant historical and material information that is offered, subject to the rules of evidence, including reliable hearsay under Rule 1102, Utah Rules of Evidence.
- (e) (i) A local mental health authority or its designee, or the physician in charge of the proposed patient's care shall, at the time of the hearing, provide the court with the following information:
 - (A) the detention order, if any;
 - (B) admission notes, if any;
- 3214 (C) the diagnosis, if any;

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3213	(D) doctor's orders, it any;
3216	(E) progress notes, if any;
3217	(F) nursing notes, if any; and
3218	(G) medication records, if any.
3219	(ii) The information described in Subsection (13)(e)(i) shall also be provided to the
3220	proposed patient's counsel:
3221	(A) at the time of the hearing; and
3222	(B) at any time prior to the hearing, upon request.
3223	(14) The court shall order a proposed patient to assisted outpatient treatment if, upon
3224	completion of the hearing and consideration of the information presented, the court finds by
3225	clear and convincing evidence that:
3226	(a) the proposed patient has a mental illness;
3227	(b) there is no appropriate less-restrictive alternative to a court order for assisted
3228	outpatient treatment; and
3229	(c) (i) the proposed patient lacks the ability to engage in a rational decision-making
3230	process regarding the acceptance of mental health treatment, as demonstrated by evidence of
3231	inability to weigh the possible risks of accepting or rejecting treatment; or
3232	(ii) the proposed patient needs assisted outpatient treatment in order to prevent relapse
3233	or deterioration that is likely to result in the proposed patient posing a substantial danger to self
3234	or others.
3235	(15) The court may order the applicant or a close relative of the patient to be the
3236	patient's personal representative, as described in 45 C.F.R. Sec. 164.502(g), for purposes of the
3237	patient's mental health treatment.
3238	(16) In the absence of the findings described in Subsection (14), the court, after the
3239	hearing, shall dismiss the proceedings.
3240	(17) (a) The assisted outpatient treatment order shall designate the period for which the
3241	patient shall be treated, which may not exceed 12 months without a review hearing.

3242	(b) At a review hearing, the court may extend the duration of an assisted outpatient
3243	treatment order by up to 12 months, if:
3244	(i) the court finds by clear and convincing evidence that the patient meets the
3245	conditions described in Subsection (14); or
3246	(ii) (A) the patient does not appear at the review hearing;
3247	(B) notice of the review hearing was provided to the patient's last known address by the
3248	applicant described in Subsection (1) or by a local mental health authority; and
3249	(C) the patient has appeared in court or signed an informed waiver within the previous
3250	18 months.
3251	(c) The court shall maintain a current list of all patients under its order of assisted
3252	outpatient treatment.
3253	(d) At least two weeks prior to the expiration of the designated period of any assisted
3254	outpatient treatment order still in effect, the court that entered the original order shall inform
3255	the appropriate local mental health authority or its designee.
3256	(18) Costs of all proceedings under this section shall be paid by the county in which the
3257	proposed patient resides or is found.
3258	(19) A court may not hold an individual in contempt for failure to comply with an
3259	assisted outpatient treatment order.
3260	(20) As provided in Section 31A-22-651, a health insurance provider may not deny an
3261	insured the benefits of the insured's policy solely because the health care that the insured
3262	receives is provided under a court order for assisted outpatient treatment.
3263	Section 72. Section 26B-5-360, which is renumbered from Section 62A-15-625 is
3264	renumbered and amended to read:
3265	[62A-15-625]. <u>26B-5-360.</u> Voluntary admission of adults.
3266	(1) A local mental health authority, a designee of a local mental health authority, or
3267	another mental health facility may admit for observation, diagnosis, care, and treatment an
3268	adult who applies for voluntary admission and who has a mental illness or exhibits the

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3269	symptoms of a mental illness.
3270	(2) No adult may be committed to a local mental health authority against that adult's
3271	will except as provided in this chapter.
3272	(3) An adult may be voluntarily admitted to a local mental health authority for
3273	treatment at the Utah State Hospital as a condition of probation or stay of sentence only after
3274	the requirements of Section 77-18-106 have been met.
3275	Section 73. Section 26B-5-361, which is renumbered from Section 62A-15-627 is
3276	renumbered and amended to read:
3277	[62A-15-627]. <u>26B-5-361.</u> Release of voluntary adult Exceptions.
3278	(1) Except as provided in Subsection (2), a mental health facility shall immediately
3279	release an adult patient:
3280	(a) who is voluntarily admitted, as described in Section [62A-15-625] 26B-5-360, and
3281	who requests release, verbally or in writing; or
3282	(b) whose release is requested in writing by the patient's legal guardian, parent, spouse,
3283	or adult next of kin.
3284	(2) (a) An adult patient's release under Subsection (1) may be conditioned upon the
3285	agreement of the patient, if:
3286	(i) the request for release is made by an individual other than the patient; or
3287	(ii) the admitting local mental health authority, the designee of the local mental health
3288	authority, or the admitting mental health facility has cause to believe that release of the patient
3289	would be unsafe for the patient or others.
3290	(b) (i) An adult patient's release may be postponed for up to 48 hours, excluding
3291	weekends and holidays, if the admitting local mental health authority, the designee of the local
3292	mental health authority, or the admitting mental health facility causes involuntary commitment

proceedings to be commenced with the [district] court within the specified time period.

authority, or the admitting mental health facility shall provide written notice of the

(ii) The admitting local mental health authority, the designee of the local mental health

3296	postponement and the reasons for the postponement to the patient without undue delay.
3297	(3) A judicial proceeding for involuntary commitment may not be commenced with
3298	respect to a voluntary patient unless the patient requests release.
3299	Section 74. Section 26B-5-362, which is renumbered from Section 62A-15-646 is
3300	renumbered and amended to read:
3301	[62A-15-646]. <u>26B-5-362.</u> Commitment and care of criminally insane.
3302	Nothing contained in this part may be construed to alter or change the method presently
3303	employed for the commitment and care of the criminally insane as provided in Title 77,
3304	Chapter 15, Inquiry into Sanity of Defendant.
3305	Section 75. Section 26B-5-363, which is renumbered from Section 62A-15-616 is
3306	renumbered and amended to read:
3307	[62A-15-616]. <u>26B-5-363.</u> Persons entering state mentally ill.
3308	(1) A person who enters this state while mentally ill may be returned by a local mental
3309	health authority to the home of relatives or friends of that person with a mental illness, if
3310	known, or to a hospital in the state where that person with a mental illness is domiciled, in
3311	accordance with [Title 62A, Chapter 15, Part 8,] the Interstate Compact on Mental Health in
3312	Section 26B-5-365.
3313	(2) This section does not prevent commitment of persons who are traveling through or
3314	temporarily residing in this state.
3315	Section 76. Section 26B-5-364, which is renumbered from Section 62A-15-633 is
3316	renumbered and amended to read:
3317	[62A-15-633]. <u>26B-5-364.</u> Persons eligible for care or treatment by federal
3318	agency Continuing jurisdiction of state courts.
3319	(1) If an individual committed pursuant to Section [62A-15-631] 26B-5-332 is eligible
3320	for care or treatment by any agency of the United States, the court, upon receipt of a certificate
3321	from a United States agency, showing that facilities are available and that the individual is
3322	eligible for care or treatment therein, may order the individual to be placed in the custody of

- (2) When admitted to any facility or institution operated by a United States agency, within or without this state, the individual shall be subject to the rules and regulations of that agency.
- (3) The chief officer of any facility or institution operated by a United States agency and in which the individual is hospitalized, shall, with respect to that individual, be vested with the same powers as the superintendent or director of a mental health facility, regarding detention, custody, transfer, conditional release, or discharge of patients. Jurisdiction is retained in appropriate courts of this state at any time to inquire into the mental condition of an individual so hospitalized, and to determine the necessity for continuance of hospitalization, and every order of hospitalization issued pursuant to this section is so conditioned.

Section 77. Section **26B-5-365**, which is renumbered from Section 62A-15-801 is renumbered and amended to read:

[62A-15-801]. 26B-5-365. Interstate Compact on Mental Health -- Compact provisions.

The Interstate Compact on Mental Health is hereby enacted and entered into with all other jurisdictions that legally join in the compact, which is, in form, substantially as follows:

INTERSTATE COMPACT ON MENTAL HEALTH

The contracting states solemnly agree that:

3342 Article I

The proper and expeditious treatment of the mentally ill can be facilitated by cooperative action, to the benefit of the patients, their families, and society as a whole. Further, the party states find that the necessity of and desirability of furnishing that care and treatment bears no primary relation to the residence or citizenship of the patient but that the controlling factors of community safety and humanitarianism require that facilities and services be made available for all who are in need of them. Consequently, it is the purpose of this compact and of the party states to provide the necessary legal and constitutional basis for commitment or

other appropriate care and treatment of the mentally ill under a system that recognizes the paramount importance of patient welfare and to establish the responsibilities of the party states.

The appropriate authority in this state for making determinations under this compact is the director of the division or his designee.

3354 Article II

As used in this compact:

- (1) "After-care" means care, treatment, and services provided to a patient on convalescent status or conditional release.
- (2) "Institution" means any hospital, program, or facility maintained by a party state or political subdivision for the care and treatment of persons with a mental illness.
- (3) "Mental illness" means a psychiatric disorder as defined by the current Diagnostic and Statistical Manual of Mental Disorders, that substantially impairs a person's mental, emotional, behavioral, or related functioning to such an extent that he requires care and treatment for his own welfare, the welfare of others, or the community.
- (4) "Patient" means any person subject to or eligible, as determined by the laws of the sending state, for institutionalization or other care, treatment, or supervision pursuant to the provisions of this compact and constitutional due process requirements.
- (5) "Receiving state" means a party state to which a patient is transported pursuant to the provisions of the compact or to which it is contemplated that a patient may be sent.
- (6) "Sending state" means a party state from which a patient is transported pursuant to the provisions of the compact or from which it is contemplated that a patient may be sent.
- (7) "State" means any state, territory, or possession of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

3373 Article III

(1) Whenever a person physically present in any party state is in need of institutionalization because of mental illness, he shall be eligible for care and treatment in an institution in that state, regardless of his residence, settlement, or citizenship qualifications.

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(2) Notwithstanding the provisions of Subsection (1) of this article, any patient may be
transferred to an institution in another state whenever there are factors, based upon clinical
determinations, indicating that the care and treatment of that patient would be facilitated or
improved by that action. Any such institutionalization may be for the entire period of care and
treatment or for any portion or portions thereof. The factors to be considered include the
patient's full record with due regard for the location of the patient's family, the character of his
illness and its probable duration, and other factors considered appropriate by authorities in the
party state and the director of the division, or his designee.

- (3) No state is obliged to receive any patient pursuant to the provisions of Subsection(2) of this article unless the sending state has:
 - (a) given advance notice of its intent to send the patient;
 - (b) furnished all available medical and other pertinent records concerning the patient;
- (c) given the qualified medical or other appropriate clinical authorities of the receiving state an opportunity to examine the patient; and
 - (d) determined that the receiving state agrees to accept the patient.
- (4) In the event that the laws of the receiving state establish a system of priorities for the admission of patients, an interstate patient under this compact shall receive the same priority as a local patient and shall be taken in the same order and at the same time that he would be taken if he were a local patient.
- (5) Pursuant to this compact, the determination as to the suitable place of institutionalization for a patient may be reviewed at any time and further transfer of the patient may be made as is deemed to be in the best interest of the patient, as determined by appropriate authorities in the receiving and sending states.

3400 Article IV

(1) Whenever, pursuant to the laws of the state in which a patient is physically present, it is determined that the patient should receive after-care or supervision, that care or supervision may be provided in the receiving state. If the medical or other appropriate clinical

authorities who have responsibility for the care and treatment of the patient in the sending state believe that after-care in another state would be in the best interest of the patient and would not jeopardize the public safety, they shall request the appropriate authorities in the receiving state to investigate the desirability of providing the patient with after-care in the receiving state. That request for investigation shall be accompanied by complete information concerning the patient's intended place of residence and the identity of the person in whose charge the patient would be placed, the complete medical history of the patient, and other pertinent documents.

- (2) If the medical or other appropriate clinical authorities who have responsibility for the care and treatment of the patient in the sending state, and the appropriate authorities in the receiving state find that the best interest of the patient would be served, and if the public safety would not be jeopardized, the patient may receive after-care or supervision in the receiving state.
- (3) In supervising, treating, or caring for a patient on after-care pursuant to the terms of this article, a receiving state shall employ the same standards of visitation, examination, care, and treatment as for similar local patients.

3419 Article V

Whenever a dangerous or potentially dangerous patient escapes from an institution in any party state, that state shall promptly notify all appropriate authorities both within and without the jurisdiction of the escape in a manner reasonably calculated to facilitate the speedy apprehension of the escapee. Immediately upon the apprehension and identification of that patient, he shall be detained in the state where found, pending disposition in accordance with the laws of that state.

3426 Article VI

Accredited officers of any party state, upon the establishment of their authority and the identity of the patient, shall be permitted to transport any patient being moved pursuant to this compact through any and all states party to this compact, without interference.

3430 Article VII

- (1) No person may be deemed a patient of more than one institution at any given time. Completion of transfer of any patient to an institution in a receiving state has the effect of making the person a patient of the institution in the receiving state.
- (2) The sending state shall pay all costs of and incidental to the transportation of any patient pursuant to this compact, but any two or more party states may, by making a specific agreement for that purpose, arrange for a different allocation of costs among themselves.
- (3) No provision of this compact may be construed to alter or affect any internal relationships among the departments, agencies, and officers of a party state, or between a party state and its subdivisions, as to the payment of costs or responsibilities.
- (4) Nothing in this compact may be construed to prevent any party state or any of its subdivisions from asserting any right against any person, agency, or other entity with regard to costs for which that party state or its subdivision may be responsible under this compact.
- (5) Nothing in this compact may be construed to invalidate any reciprocal agreement between a party state and a nonparty state relating to institutionalization, care, or treatment of the mentally ill, or any statutory authority under which those agreements are made.

3446 Article VIII

(1) Nothing in this compact may be construed to abridge, diminish, or in any way impair the rights, duties, and responsibilities of any patient's guardian on his own behalf or with respect to any patient for whom he serves, except that when the transfer of a patient to another jurisdiction makes advisable the appointment of a supplemental or substitute guardian, a court of competent jurisdiction in the receiving state may make supplemental or substitute appointments. In that case, the court that appointed the previous guardian shall, upon being advised of the new appointment and upon the satisfactory completion of accounting and other acts as the court may require, relieve the previous guardian of power and responsibility to whatever extent is appropriate in the circumstances.

However, in the case of any patient having settlement in the sending state, a court of competent jurisdiction in the sending state has the sole discretion to relieve a guardian

appointed by it or to continue his power and responsibility, as it deems advisable. The court in the receiving state may, in its discretion, confirm or reappoint the person or persons previously serving as guardian in the sending state in lieu of making a supplemental or substitute appointment.

(2) The term "guardian" as used in Subsection (1) of this article includes any guardian, trustee, legal committee, conservator, or other person or agency however denominated, who is charged by law with power to act for the person or property of a patient.

Article IX

- (1) No provision of this compact except Article V applies to any person institutionalized while under sentence in a penal or correctional institution, while subject to trial on a criminal charge, or whose institutionalization is due to the commission of an offense for which, in the absence of mental illness, he would be subject to incarceration in a penal or correctional institution.
- (2) To every extent possible, it shall be the policy of party states that no patient be placed or detained in any prison, jail, or lockup, but shall, with all expedition, be taken to a suitable institutional facility for mental illness.

3474 Article X

- (1) Each party state shall appoint a "compact administrator" who, on behalf of his state, shall act as general coordinator of activities under the compact in his state and receive copies of all reports, correspondence, and other documents relating to any patient processed under the compact by his state, either in the capacity of sending or receiving state. The compact administrator, or his designee, shall deal with all matters relating to the compact and patients processed under the compact. In this state the director of the division, or his designee shall act as the "compact administrator."
- (2) The compact administrators of the respective party states have power to promulgate reasonable rules and regulations as are necessary to carry out the terms and provisions of this compact. In this state, the division has authority to establish those rules in accordance with the

Utah Administrative Rulemaking Act.

- (3) The compact administrator shall cooperate with all governmental departments, agencies, and officers in this state and its subdivisions in facilitating the proper administration of the compact and any supplementary agreement or agreements entered into by this state under the compact.
- (4) The compact administrator is hereby authorized and empowered to enter into supplementary agreements with appropriate officials of other states pursuant to Articles VII and XI of this compact. In the event that supplementary agreements require or contemplate the use of any institution or facility of this state or require or contemplate the provision of any service by this state, that agreement shall have no force unless approved by the director of the department or agency under whose jurisdiction the institution or facility is operated, or whose department or agency will be charged with the rendering of services.
- (5) The compact administrator may make or arrange for any payments necessary to discharge financial obligations imposed upon this state by the compact or by any supplementary agreement entered into under the compact.

3500 Article XI

Administrative authorities of any two or more party states may enter into supplementary agreements for the provision of any service or facility, or for the maintenance of any institution on a joint or cooperative basis whenever the states concerned find that those agreements will improve services, facilities, or institutional care and treatment of persons who are mentally ill. A supplementary agreement may not be construed to relieve a party state of any obligation that it otherwise would have under other provisions of this compact.

3507 Article XII

This compact has full force and effect in any state when it is enacted into law in that state. Thereafter, that state is a party to the compact with any and all states that have legally ioined.

3511 Article XIII

A party state may withdraw from the compact by enacting a statute repealing the compact. Withdrawal takes effect one year after notice has been communicated officially and in writing to the compact administrators of all other party states. However, the withdrawal of a state does not change the status of any patient who has been sent to that state or sent out of that state pursuant to the compact.

Article XIV

This compact shall be liberally construed so as to effectuate its purposes. The provisions of this compact are severable, and if any phrase, clause, sentence or provision is declared to be contrary to the constitution of the United States or the applicability to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and its applicability to any government, agency, person, or circumstance shall not be affected thereby. If this compact is held to be contrary to the constitution of any party state the compact shall remain in full force and effect as to the remaining states and in full force and effect as to the state affected as to all severable matters.

Section 78. Section **26B-5-366**, which is renumbered from Section 62A-15-802 is renumbered and amended to read:

[62A-15-802]. 26B-5-366. Interstate compact on mental health -- Requirement of conformity with this chapter.

All actions and proceedings taken under authority of this compact shall be in accordance with the procedures and constitutional requirements described in [Part 6, Utah State Hospital and Other Mental Health Facilities] this part.

Section 79. Section **26B-5-367**, which is renumbered from Section 62A-15-647 is renumbered and amended to read:

[62A-15-647]. <u>26B-5-367.</u> Severability.

If any one or more provision, section, subsection, sentence, clause, phrase, or word of this part, or the application thereof to any person or circumstance, is found to be unconstitutional the same is hereby declared to be severable and the balance of this part shall

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3539	remain effective notwithstanding that unconstitutionality. The Legislature hereby declares that
3540	it would have passed this part, and each provision, section, subsection, sentence, clause, phrase,
3541	or word thereof, irrespective of the fact that any one or more provision, section, subsection,
3542	sentence, clause, phrase, or word be declared unconstitutional.
3543	Section 80. Section 26B-5-370, which is renumbered from Section 62A-15-901 is
3544	renumbered and amended to read:
3545	[62A-15-901]. 26B-5-370. Establishment of the Utah Forensic Mental
3546	Health Facility.
3547	The Utah Forensic Mental Health Facility is hereby established and shall be located on
3548	state land on the campus of the Utah State Hospital in Provo, Utah County.
3549	Section 81. Section 26B-5-371, which is renumbered from Section 62A-15-902 is
3550	renumbered and amended to read:
3551	[62A-15-902]. <u>26B-5-371.</u> Utah Forensic Mental Health Facility Design
3552	and operation Security.
3553	(1) The forensic mental health facility is a secure treatment facility.
3554	(2) (a) The forensic mental health facility accommodates the following populations:
3555	(i) prison inmates displaying mental illness[, as defined in Section 62A-15-602,]
3556	necessitating treatment in a secure mental health facility;
3557	(ii) criminally adjudicated persons found guilty with a mental illness or guilty with a
3558	mental illness at the time of the offense undergoing evaluation for mental illness under Title
3559	77, Chapter 16a, Commitment and Treatment of Persons with a Mental Illness;
3560	(iii) criminally adjudicated persons undergoing evaluation for competency or found
3561	guilty with a mental illness or guilty with a mental illness at the time of the offense under Title
3562	77, Chapter 16a, Commitment and Treatment of Persons with a Mental Illness, who also have
3563	an intellectual disability;
3564	(iv) persons undergoing evaluation for competency or found by a court to be
3565	incompetent to proceed in accordance with Title 77, Chapter 15, Inquiry into Sanity of

3566 Defendant, or not guilty by reason of insanity under Title 77, Chapter 14, Defenses; 3567 (v) persons who are civilly committed to the custody of a local mental health authority in accordance with [Title 62A, Chapter 15, Part 6, Utah State Hospital and Other Mental 3568 3569 Health Facilities this part, and who may not be properly supervised by the Utah State Hospital 3570 because of a lack of necessary security, as determined by the superintendent or the 3571 superintendent's designee; and 3572 (vi) persons ordered to commit themselves to the custody of the [Division of Substance 3573 Abuse and Mental Health division for treatment at the Utah State Hospital as a condition of 3574 probation or stay of sentence pursuant to Title 77, Chapter 18, The Judgment. 3575 (b) Placement of an offender in the forensic mental health facility under any category 3576 described in Subsection (2)(a)(ii), (iii), (iv), or (vi) shall be made on the basis of the offender's 3577 status as established by the court at the time of adjudication. 3578 (c) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the 3579 department shall make rules providing for the allocation of beds to the categories described in 3580 Subsection (2)(a). 3581 (3) The department shall: (a) own and operate the forensic mental health facility: 3582 3583 (b) provide and supervise administrative and clinical staff; and (c) provide security staff who are trained as psychiatric technicians. 3584 3585 (4) Pursuant to Subsection [62A-15-603] 26B-5-303(3) the executive director shall 3586 designate individuals to perform security functions for the state hospital. 3587 Section 82. Section 26B-5-372, which is renumbered from Section 62A-15-605.5 is 3588 renumbered and amended to read: 3589 26B-5-372. Admission of person in custody of Department of [62A-15-605.5]. 3590 Corrections to state hospital -- Retransfer of person to Department of Corrections. 3591 (1) The executive director of the Department of Corrections may request the director to 3592 admit a person who is in the custody of the Department of Corrections to the state hospital, if

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3593	the clinical director within the Department of Corrections finds that the inmate has mentally
3594	deteriorated to the point that admission to the state hospital is necessary to ensure adequate
3595	mental health treatment. In determining whether that inmate should be placed in the state
3596	hospital, the director of the division shall consider:
3597	(a) the mental health treatment needs of the inmate;
3598	(b) the treatment programs available at the state hospital; and
3599	(c) whether the inmate meets the requirements of Subsection [62A-15-610]
3600	<u>26B-5-306(2)</u> .
3601	(2) If the director denies the admission of an inmate as requested by the clinical
3602	director within the Department of Corrections, the Board of Pardons and Parole shall determine
3603	whether the inmate will be admitted to the state hospital. The Board of Pardons and Parole
3604	shall consider:
3605	(a) the mental health treatment needs of the inmate;
3606	(b) the treatment programs available at the state hospital; and
3607	(c) whether the inmate meets the requirements of Subsection [62A-15-610]
3608	<u>26B-5-306(2)</u> .
3609	(3) The state hospital shall receive any person in the custody of the Department of
3610	Corrections when ordered by either the director or the Board of Pardons and Parole, pursuant to
3611	Subsection (1) or (2). Any person so transferred to the state hospital shall remain in the custody
3612	of the Department of Corrections, and the state hospital shall act solely as the agent of the
3613	Department of Corrections.
3614	(4) Inmates transferred to the state hospital pursuant to this section shall be transferred
3615	back to the Department of Corrections through negotiations between the director and the
3616	director of the Department of Corrections. If agreement between the director and the director of
3617	the Department of Corrections cannot be reached, the Board of Pardons and Parole shall have

final authority in determining whether a person will be transferred back to the Department of

Corrections. In making that determination, that board shall consider:

3620	(a) the mental health treatment needs of the inmate;
3621	(b) the treatment programs available at the state hospital;
3622	(c) whether the person continues to meet the requirements of Subsection [62A-15-610]
3623	<u>26B-5-306(2);</u>
3624	(d) the ability of the state hospital to provide adequate treatment to the person, as well
3625	as safety and security to the public; and
3626	(e) whether, in the opinion of the director, in consultation with the clinical director of
3627	the state hospital, the person's treatment needs have been met.
3628	Section 83. Section 26B-5-380, which is renumbered from Section 62A-1-108.5 is
3629	renumbered and amended to read:
3630	[62A-1-108.5]. <u>26B-5-380.</u> Mental illness and intellectual disability
3631	examinations Responsibilities of the department.
3632	(1) In accomplishing the department's duties to conduct a competency evaluation under
3633	Title 77, Utah Code of Criminal Procedure, and a juvenile competency evaluation under
3634	Section 80-6-402, the department shall proceed as outlined in this section and within
3635	appropriations authorized by the Legislature.
3636	(2) When the department is ordered by a court to conduct a competency evaluation, the
3637	department shall designate a forensic evaluator, selected under Subsection (4), to evaluate the
3638	defendant in the defendant's current custody or status.
3639	(3) When the department is ordered by the juvenile court to conduct a juvenile
3640	competency evaluation under Section 80-6-402, the department shall:
3641	(a) designate an examiner selected pursuant to Subsection (4) to evaluate the minor;
3642	and
3643	(b) upon a finding of good cause and order of the court, designate a second examiner to
3644	evaluate the minor.
3645	(4) The department shall establish criteria, in consultation with the Commission on
3646	Criminal and Juvenile Justice, and shall contract with persons to conduct competency

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3647	evaluations and juvenile competency evaluations under Subsections (2) and (3)(b). In making
3648	this selection, the department shall follow the provisions of Title 63G, Chapter 6a, Utah
3649	Procurement Code.
3650	(5) Nothing in this section prohibits the department, at the request of defense counsel
3651	or a prosecuting attorney in a criminal proceeding under Title 77, Utah Code of Criminal
3652	Procedure, and for good cause shown, from proposing a person who has not been previously
3653	selected under Subsection (4) to contract with the department to conduct the evaluation. In
3654	selecting that person, the criteria of the department established under Subsection (4) and the
3655	provisions of Title 63G, Chapter 6a, Utah Procurement Code, shall be met.
3656	Section 84. Section 26B-5-401, which is renumbered from Section 62A-15-701 is
3657	renumbered and amended to read:
3658	Part 4. Commitment of Persons Under Age 18
3659	[62A-15-701]. <u>26B-5-401.</u> Definitions.
3660	[As] In addition to the definitions in Section 26B-5-301, as used in this part:
3661	(1) "Child" means a person under 18 years [of age] old.
3662	(2) "Commit" and "commitment" mean the transfer of physical custody in accordance
3663	with the requirements of this part.
3664	(3) "Legal custody" means:
3665	(a) the right to determine where and with whom the child shall live;
3666	(b) the right to participate in all treatment decisions and to consent or withhold consent
3667	for treatment in which a constitutionally protected liberty or privacy interest may be affected,
3668	including antipsychotic medication, electroshock therapy, and psychosurgery; and
3669	(c) the right to authorize surgery or other extraordinary medical care.
3670	(4) "Physical custody" means:
3671	(a) placement of a child in any residential or inpatient setting;
3672	(b) the right to physical custody of a child;
3673	(c) the right and duty to protect the child; and

3674	(d) the duty to provide, or insure that the child is provided with, adequate food,
3675	clothing, shelter, and ordinary medical care.
3676	(5) "Residential" means any out-of-home placement made by a local mental health
3677	authority, but does not include out-of-home respite care.
3678	(6) "Respite care" means temporary, periodic relief provided to parents or guardians
3679	from the daily care of children with serious emotional disorders for the limited time periods
3680	designated by the division.
3681	Section 85. Section 26B-5-402, which is renumbered from Section 62A-15-702 is
3682	renumbered and amended to read:
3683	[62A-15-702]. 26B-5-402. Treatment and commitment of minors in the
3684	public mental health system.
3685	A child is entitled to due process proceedings, in accordance with the requirements of
3686	this part, whenever the child:
3687	(1) may receive or receives services through the public mental health system and is
3688	placed, by a local mental health authority, in a physical setting where his liberty interests are
3689	restricted, including residential and inpatient placements; or
3690	(2) receives treatment in which a constitutionally protected privacy or liberty interest
3691	may be affected, including the administration of antipsychotic medication, electroshock
3692	therapy, and psychosurgery.
3693	Section 86. Section 26B-5-403, which is renumbered from Section 62A-15-703 is
3694	renumbered and amended to read:
3695	[62A-15-703]. <u>26B-5-403.</u> Residential and inpatient settings Commitment
3696	proceeding Child in physical custody of local mental health authority.
3697	(1) A child may receive services from a local mental health authority in an inpatient or
3698	residential setting only after a commitment proceeding, for the purpose of transferring physical
3699	custody, has been conducted in accordance with the requirements of this section.
3700	(2) That commitment proceeding shall be initiated by a petition for commitment, and

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3701	shall be a careful, diagnostic inquiry, conducted by a neutral and detached fact finder, pursuant
3702	to the procedures and requirements of this section. If the findings described in Subsection (4)
3703	exist, the proceeding shall result in the transfer of physical custody to the appropriate local
3704	mental health authority, and the child may be placed in an inpatient or residential setting.
3705	(3) The neutral and detached fact finder who conducts the inquiry:
3706	(a) shall be a designated examiner[, as defined in Section 62A-15-602]; and
3707	(b) may not profit, financially or otherwise, from the commitment or physical
3708	placement of the child in that setting.
3709	(4) Upon determination by a fact finder that the following circumstances clearly exist,
3710	the fact finder may order that the child be committed to the physical custody of a local mental
3711	health authority:
3712	(a) the child has a mental illness[, as defined in Section 62A-15-602];
3713	(b) the child demonstrates a reasonable fear of the risk of substantial danger to self or
3714	others;
3715	(c) the child will benefit from care and treatment by the local mental health authority;
3716	and
3717	(d) there is no appropriate less-restrictive alternative.
3718	(5) (a) The commitment proceeding before the neutral and detached fact finder shall be
3719	conducted in as informal manner as possible and in a physical setting that is not likely to have a
3720	harmful effect on the child.
3721	(b) The child, the child's parent or legal guardian, the petitioner, and a representative of
3722	the appropriate local mental health authority:
3723	(i) shall receive informal notice of the date and time of the proceeding; and
3724	(ii) may appear and address the petition for commitment.
3725	(c) The neutral and detached fact finder may, in the fact finder's discretion, receive the
3726	testimony of any other person.

(d) The fact finder may allow a child to waive the child's right to be present at the

commitment proceeding, for good cause shown. If that right is waived, the purpose of the waiver shall be made a matter of record at the proceeding.

- (e) At the time of the commitment proceeding, the appropriate local mental health authority, its designee, or the psychiatrist who has been in charge of the child's care prior to the commitment proceeding, shall provide the neutral and detached fact finder with the following information, as it relates to the period of current admission:
 - (i) the petition for commitment;
- 3735 (ii) the admission notes;
- 3736 (iii) the child's diagnosis;
- 3737 (iv) physicians' orders;
- (v) progress notes;

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- 3739 (vi) nursing notes; and
- 3740 (vii) medication records.
 - (f) The information described in Subsection (5)(e) shall also be provided to the child's parent or legal guardian upon written request.
 - (g) (i) The neutral and detached fact finder's decision of commitment shall state the duration of the commitment. Any commitment to the physical custody of a local mental health authority may not exceed 180 days. Prior to expiration of the commitment, and if further commitment is sought, a hearing shall be conducted in the same manner as the initial commitment proceeding, in accordance with the requirements of this section.
 - (ii) At the conclusion of the hearing and subsequently in writing, when a decision for commitment is made, the neutral and detached fact finder shall inform the child and the child's parent or legal guardian of that decision and of the reasons for ordering commitment.
 - (iii) The neutral and detached fact finder shall state in writing the basis of the decision, with specific reference to each of the criteria described in Subsection (4), as a matter of record.
 - (6) A child may be temporarily committed for a maximum of 72 hours, excluding Saturdays, Sundays, and legal holidays, to the physical custody of a local mental health

- authority in accordance with the procedures described in Section [62A-15-629] 26B-5-331 and upon satisfaction of the risk factors described in Subsection (4). A child who is temporarily committed shall be released at the expiration of the 72 hours unless the procedures and findings required by this section for the commitment of a child are satisfied.
- (7) A local mental health authority shall have physical custody of each child committed to it under this section. The parent or legal guardian of a child committed to the physical custody of a local mental health authority under this section, retains legal custody of the child, unless legal custody has been otherwise modified by a court of competent jurisdiction. In cases when the Division of Child and Family Services or the Division of Juvenile Justice and Youth Services has legal custody of a child, that division shall retain legal custody for purposes of this part.
- (8) The cost of caring for and maintaining a child in the physical custody of a local mental health authority shall be assessed to and paid by the child's parents, according to their ability to pay. For purposes of this section, the Division of Child and Family Services or the Division of Juvenile Justice and Youth Services shall be financially responsible, in addition to the child's parents, if the child is in the legal custody of either of those divisions at the time the child is committed to the physical custody of a local mental health authority under this section, unless Medicaid regulation or contract provisions specify otherwise. The Office of Recovery Services shall assist those divisions in collecting the costs assessed pursuant to this section.
- (9) Whenever application is made for commitment of a minor to a local mental health authority under any provision of this section by a person other than the child's parent or guardian, the local mental health authority or its designee shall notify the child's parent or guardian. The parents shall be provided sufficient time to prepare and appear at any scheduled proceeding.
- (10) (a) Each child committed pursuant to this section is entitled to an appeal within 30 days after any order for commitment. The appeal may be brought on the child's own petition or on petition of the child's parent or legal guardian, to the juvenile court in the district where the

child resides or is currently physically located. With regard to a child in the custody of the Division of Child and Family Services or the Division of Juvenile Justice <u>and Youth</u> Services, the attorney general's office shall handle the appeal, otherwise the appropriate county attorney's office is responsible for appeals brought pursuant to this Subsection (10)(a).

- (b) Upon receipt of the petition for appeal, the court shall appoint a designated examiner previously unrelated to the case, to conduct an examination of the child in accordance with the criteria described in Subsection (4), and file a written report with the court. The court shall then conduct an appeal hearing to determine whether the findings described in Subsection (4) exist by clear and convincing evidence.
- (c) Prior to the time of the appeal hearing, the appropriate local mental health authority, its designee, or the mental health professional who has been in charge of the child's care prior to commitment, shall provide the court and the designated examiner for the appeal hearing with the following information, as it relates to the period of current admission:
 - (i) the original petition for commitment;
 - (ii) admission notes;
- 3797 (iii) diagnosis;

- 3798 (iv) physicians' orders;
- (v) progress notes;
- 3800 (vi) nursing notes; and
- 3801 (vii) medication records.
 - (d) Both the neutral and detached fact finder and the designated examiner appointed for the appeal hearing shall be provided with an opportunity to review the most current information described in Subsection (10)(c) prior to the appeal hearing.
 - (e) The child, the child's parent or legal guardian, the person who submitted the original petition for commitment, and a representative of the appropriate local mental health authority shall be notified by the court of the date and time of the appeal hearing. Those persons shall be afforded an opportunity to appear at the hearing. In reaching its decision, the

court shall review the record and findings of the neutral and detached fact finder, the report of the designated examiner appointed pursuant to Subsection (10)(b), and may, in its discretion, allow or require the testimony of the neutral and detached fact finder, the designated examiner, the child, the child's parent or legal guardian, the person who brought the initial petition for commitment, or any other person whose testimony the court deems relevant. The court may allow the child to waive the right to appear at the appeal hearing, for good cause shown. If that waiver is granted, the purpose shall be made a part of the court's record.

- (11) Each local mental health authority has an affirmative duty to conduct periodic evaluations of the mental health and treatment progress of every child committed to its physical custody under this section, and to release any child who has sufficiently improved so that the criteria justifying commitment no longer exist.
- (12) (a) A local mental health authority or its designee, in conjunction with the child's current treating mental health professional may release an improved child to a less restrictive environment, as they determine appropriate. Whenever the local mental health authority or its designee, and the child's current treating mental health professional, determine that the conditions justifying commitment no longer exist, the child shall be discharged and released to the child's parent or legal guardian. With regard to a child who is in the physical custody of the State Hospital, the treating psychiatrist or clinical director of the State Hospital shall be the child's current treating mental health professional.
- (b) A local mental health authority or its designee, in conjunction with the child's current treating mental health professional, is authorized to issue a written order for the immediate placement of a child not previously released from an order of commitment into a more restrictive environment, if the local authority or its designee and the child's current treating mental health professional has reason to believe that the less restrictive environment in which the child has been placed is exacerbating the child's mental illness, or increasing the risk of harm to self or others.
 - (c) The written order described in Subsection (12)(b) shall include the reasons for

placement in a more restrictive environment and shall authorize any peace officer to take the child into physical custody and transport the child to a facility designated by the appropriate local mental health authority in conjunction with the child's current treating mental health professional. Prior to admission to the more restrictive environment, copies of the order shall be personally delivered to the child, the child's parent or legal guardian, the administrator of the more restrictive environment, or the administrator's designee, and the child's former treatment provider or facility.

- (d) If the child has been in a less restrictive environment for more than 30 days and is aggrieved by the change to a more restrictive environment, the child or the child's representative may request a review within 30 days of the change, by a neutral and detached fact finder as described in Subsection (3). The fact finder shall determine whether:
- (i) the less restrictive environment in which the child has been placed is exacerbating the child's mental illness or increasing the risk of harm to self or others; or
- (ii) the less restrictive environment in which the child has been placed is not exacerbating the child's mental illness or increasing the risk of harm to self or others, in which case the fact finder shall designate that the child remain in the less restrictive environment.
- (e) Nothing in this section prevents a local mental health authority or its designee, in conjunction with the child's current mental health professional, from discharging a child from commitment or from placing a child in an environment that is less restrictive than that designated by the neutral and detached fact finder.
- (13) Each local mental health authority or its designee, in conjunction with the child's current treating mental health professional shall discharge any child who, in the opinion of that local authority, or its designee, and the child's current treating mental health professional, no longer meets the criteria specified in Subsection (4), except as provided by Section [62A-15-705] 26B-5-405. The local authority and the mental health professional shall assure that any further supportive services required to meet the child's needs upon release will be provided.

(14) Even though a child has been committed to the physical custody of a local mental
health authority under this section, the child is still entitled to additional due process
proceedings, in accordance with Section [62A-15-704] 26B-5-704, before any treatment that
may affect a constitutionally protected liberty or privacy interest is administered. Those
treatments include, but are not limited to, antipsychotic medication, electroshock therapy, and
psychosurgery.

Section 87. Section **26B-5-404**, which is renumbered from Section 62A-15-704 is renumbered and amended to read:

[62A-15-704]. 26B-5-404. Invasive treatment -- Due process proceedings.

- (1) For purposes of this section, "invasive treatment" means treatment in which a constitutionally protected liberty or privacy interest may be affected, including antipsychotic medication, electroshock therapy, and psychosurgery.
- (2) The requirements of this section apply to all children receiving services or treatment from a local mental health authority, its designee, or its provider regardless of whether a local mental health authority has physical custody of the child or the child is receiving outpatient treatment from the local authority, its designee, or provider.
- (3) (a) The division shall promulgate rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, establishing due process procedures for children prior to any invasive treatment as follows:
- (i) with regard to antipsychotic medications, if either the parent or child disagrees with that treatment, a due process proceeding shall be held in compliance with the procedures established under this Subsection (3):
- (ii) with regard to psychosurgery and electroshock therapy, a due process proceeding shall be conducted pursuant to the procedures established under this Subsection (3), regardless of whether the parent or child agree or disagree with the treatment; and
- (iii) other possible invasive treatments may be conducted unless either the parent or child disagrees with the treatment, in which case a due process proceeding shall be conducted

pursuant to the procedures established under this Subsection (3).

- (b) In promulgating the rules required by Subsection (3)(a), the division shall consider the advisability of utilizing an administrative law judge, court proceedings, a neutral and detached fact finder, and other methods of providing due process for the purposes of this section. The division shall also establish the criteria and basis for determining when invasive treatment should be administered.
- Section 88. Section **26B-5-405**, which is renumbered from Section 62A-15-705 is renumbered and amended to read:

[62A-15-705]. <u>26B-5-405.</u> Commitment proceedings in juvenile court -- Criteria -- Custody.

- (1) (a) Subject to Subsection (1)(b), a commitment proceeding for a child may be commenced by filing a written application with the juvenile court of the county in which the child resides or is found, in accordance with the procedures described in Section [62A-15-631] 26B-5-332.
- (b) A commitment proceeding under this section may be commenced only after a commitment proceeding under Section [62A-15-703] 26B-5-403 has concluded without the child being committed.
- (2) The juvenile court shall order commitment to the physical custody of a local mental health authority if, upon completion of the hearing and consideration of the record, the juvenile court finds by clear and convincing evidence that:
 - (a) the child has a mental illness[, as defined in Section 62A-15-602];
 - (b) the child demonstrates a risk of harm to the child or others;
- 3912 (c) the child is experiencing significant impairment in the child's ability to perform socially;
 - (d) the child will benefit from the proposed care and treatment; and
- 3915 (e) there is no appropriate less restrictive alternative.
- 3916 (3) The juvenile court may not commit a child under Subsection (1) directly to the

3917	Utah State Hospital.
3918	(4) The local mental health authority has an affirmative duty to:
3919	(a) conduct periodic reviews of children committed to the local mental health
3920	authority's custody in accordance with this section; and
3921	(b) release any child who has sufficiently improved so that the local mental health
3922	authority, or the local mental authority's designee, determines that commitment is no longer
3923	appropriate.
3924	(5) If a child is committed to the custody of a local mental health authority, or the local
3925	mental health authority's designee, by the juvenile court, the local mental health authority, or
3926	the local mental health authority's designee, shall give the juvenile court written notice of the
3927	intention to release the child not fewer than five days before the day on which the child is
3928	released.
3929	Section 89. Section 26B-5-406, which is renumbered from Section 62A-15-706 is
3930	renumbered and amended to read:
3931	[62A-15-706]. <u>26B-5-406.</u> Parent advocate.
3932	The division shall establish the position of a parent advocate to assist parents of
3933	children with a mental illness who are subject to the procedures required by this part.
3934	Section 90. Section 26B-5-407, which is renumbered from Section 62A-15-707 is
3935	renumbered and amended to read:
3936	[62A-15-707]. 26B-5-407. Confidentiality of information and records
3937	Exceptions Penalty.
3938	(1) Notwithstanding the provisions of Title 63G, Chapter 2, Government Records
3939	Access and Management Act, all certificates, applications, records, and reports made for the
3940	purpose of this part that directly or indirectly identify a patient or former patient or an
3941	individual whose commitment has been sought under this part, shall be kept confidential and
3942	may not be disclosed by any person except as follows:
3943	(a) the individual identified consents after reaching 18 years [of age] old;

3944	(b) the child's parent or legal guardian consents;
3945	(c) disclosure is necessary to carry out any of the provisions of this part; or
3946	(d) a court may direct, upon its determination that disclosure is necessary for the
3947	conduct of proceedings before it, and that failure to make the disclosure would be contrary to
3948	the public interest.
3949	(2) A person who violates any provision of this section is guilty of a class B
3950	misdemeanor.
3951	Section 91. Section 26B-5-408, which is renumbered from Section 62A-15-708 is
3952	renumbered and amended to read:
3953	[62A-15-708]. <u>26B-5-408.</u> Mechanical restraints Clinical record.
3954	Mechanical restraints may not be applied to a child unless it is determined, by the local
3955	mental health authority or its designee in conjunction with the child's current treating mental
3956	health professional, that they are required by the needs of that child. Every use of a mechanical
3957	restraint and the reasons for that use shall be made a part of the child's clinical record, under the
3958	signature of the local mental health authority, its designee, and the child's current treating
3959	mental health professional.
3960	Section 92. Section 26B-5-409, which is renumbered from Section 62A-15-709 is
3961	renumbered and amended to read:
3962	[62A-15-709]. <u>26B-5-409.</u> Habeas corpus.
3963	Any child committed in accordance with Section [$\frac{62A-15-703}{2}$] $\frac{26B-5-403}{2}$ is entitled to
3964	a writ of habeas corpus upon proper petition by himself or next of friend to the [district] court
3965	in the district in which he is detained.
3966	Section 93. Section 26B-5-410 , which is renumbered from Section 62A-15-710 is
3967	renumbered and amended to read:
3968	[62A-15-710]. <u>26B-5-410.</u> Restrictions and limitations Civil rights and
3969	privileges.
3970	(1) Subject to the specific rules of the division, and except to the extent that the local

mental health authority or its designee, in conjunction with the child's current treating mental
health professional, determines that it is necessary for the welfare of the person to impose
restrictions, every child committed to the physical custody of a local mental health authority
under Section [62A-15-703] <u>26B-5-403</u> is entitled to:

- (a) communicate, by sealed mail or otherwise, with persons, including official agencies, inside or outside of the facility;
 - (b) receive visitors; and
 - (c) exercise his civil rights.
- (2) When any right of a child is limited or denied, the nature, extent, and reason for that limitation or denial shall be entered in the child's treatment record. Any continuing denial or limitation shall be reviewed every 30 days and shall also be entered in that treatment record. Notice of that continuing denial in excess of 30 days shall be sent to the division.
- (3) Notwithstanding any limitations authorized under this section on the right of communication, each child committed to the physical custody of a local mental health authority is entitled to communicate by sealed mail with his attorney, the local mental health authority, its designee, his current treating mental health professional, and the court, if commitment was court ordered. In no case may the child be denied a visit with the legal counsel or clergy of his choice.
- (4) Each local mental health authority shall provide appropriate and reasonable means and arrangements for informing children and their parents or legal guardians of their rights as provided in this part, and for assisting them in making and presenting requests for release.
- (5) All local mental health facilities shall post a statement, promulgated by the division, describing patient's rights under Utah law.
- Section 94. Section **26B-5-411**, which is renumbered from Section 62A-15-711 is renumbered and amended to read:
- 3996 [62A-15-711]. 26B-5-411. Standards for care and treatment.
- Every child is entitled to humane care and treatment and to medical care and treatment

3998	in accordance with the prevailing standards accepted in medical practice, psychiatric nursing
3999	practice, social work practice, and the practice of clinical psychology.
4000	Section 95. Section 26B-5-412, which is renumbered from Section 62A-15-712 is
4001	renumbered and amended to read:
4002	[62A-15-712]. <u>26B-5-412.</u> Responsibilities of the division.
4003	(1) The division shall ensure that the requirements of this part are met and applied
4004	uniformly by local mental health authorities across the state.
4005	(2) Because the division must, under Section [62A-15-103] 26B-5-102, contract with,
4006	review, approve, and oversee local mental health authority plans, and withhold funds from
4007	local mental health authorities and public and private providers for contract noncompliance or
4008	misuse of public funds, the division shall:
4009	(a) require each local mental health authority to submit its plan to the division by May
4010	1 of each year; and
4011	(b) conduct an annual program audit and review of each local mental health authority
4012	in the state, and its contract provider.
4013	(3) The annual audit and review described in Subsection (2)(b) shall, in addition to
4014	items determined by the division to be necessary and appropriate, include a review and
4015	determination regarding whether or not:
4016	(a) public funds allocated to local mental health authorities are consistent with services
4017	rendered and outcomes reported by it or its contract provider; and
4018	(b) each local mental health authority is exercising sufficient oversight and control over
4019	public funds allocated for mental health programs and services.
4020	(4) The Legislature may refuse to appropriate funds to the division if the division fails
4021	to comply with the procedures and requirements of this section.
4022	Section 96. Section 26B-5-413, which is renumbered from Section 62A-15-713 is
4023	renumbered and amended to read:
4024	[62A-15-713]. 26B-5-413. Contracts with local mental health authorities

4025	Provisions.
TU23	1 1 0 4 12 10 11 24

When the division contracts with a local mental health authority to provide mental health programs and services in accordance with the provisions of this chapter and Title 17, Chapter 43, Part 3, Local Mental Health Authorities, it shall ensure that those contracts include at least the following provisions:

- (1) that an independent auditor shall conduct any audit of the local mental health authority or its contract provider's programs or services, pursuant to the provisions of Title 51, Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and Other Local Entities Act;
- (2) in addition to the requirements described in Title 51, Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and Other Local Entities Act, the division:
- (a) shall prescribe guidelines and procedures, in accordance with those formulated by the state auditor pursuant to Section 67-3-1, for auditing the compensation and expenses of officers, directors, and specified employees of the private contract provider, to assure the state that no personal benefit is gained from travel or other expenses; and
- (b) may prescribe specific items to be addressed by that audit, depending upon the particular needs or concerns relating to the local mental health authority or contract provider at issue;
- (3) the local mental health authority or its contract provider shall invite and include all funding partners in its auditor's pre- and exit conferences;
- (4) each member of the local mental health authority shall annually certify that he has received and reviewed the independent audit and has participated in a formal interview with the provider's executive officers;
- (5) requested information and outcome data will be provided to the division in the manner and within the timelines defined by the division;
 - (6) all audit reports by state or county persons or entities concerning the local mental

health authority or its contract provider shall be provided to the executive director of the
department, the local mental health authority, and members of the contract provider's governing
board; and
(7) the local mental health authority or its contract provider will offer and provide
mental health services to residents who are indigent and who meet state criteria for serious and
persistent mental illness or severe emotional disturbance.
Section 97. Section 26B-5-501, which is renumbered from Section 62A-15-1202 is
renumbered and amended to read:
Part 5. Essential Treatment and Intervention
[62A-15-1202]. <u>26B-5-501.</u> Definitions.
[As] In addition to the definitions in Section 26B-5-301, as used in this part:
(1) "Emergency, life saving treatment" means treatment that is:
(a) provided at a licensed health care facility or licensed human services program;
(b) provided by a licensed health care professional;
(c) necessary to save the life of the patient; and
(d) required due to the patient's:
(i) use of an illegal substance; or
(ii) excessive use or misuse of a prescribed medication.
(2) "Essential treatment examiner" means:
(a) a licensed physician, preferably a psychiatrist, who is designated by the division as
specifically qualified by training or experience in the diagnosis of substance use disorder; or
(b) a licensed mental health professional designated by the division as specially
qualified by training and who has at least five years' continual experience in the treatment of
substance use disorder.
(3) "Relative" means an adult who is a spouse, parent, stepparent, grandparent, child,
or sibling of an individual.
(4) "Serious harm" means the individual, due to substance use disorder, is at serious

4079	risk of:
4080	(a) drug overdose;
4081	(b) suicide;
4082	(c) serious bodily self-injury;
4083	(d) serious bodily injury because the individual is incapable of providing the basic
4084	necessities of life, including food, clothing, or shelter; or
4085	(e) causing or attempting to cause serious bodily injury to another individual.
4086	(5) "Substance use disorder" means the same as that term is defined in the current
4087	edition of the Diagnostic and Statistical Manual of Mental Disorders published by the
4088	American Psychiatric Association.
4089	Section 98. Section 26B-5-502, which is renumbered from Section 62A-15-1201 is
4090	renumbered and amended to read:
4091	[62A-15-1201]. 26B-5-502. Statement of legislative intent.
4092	To address the serious public health crisis of substance use disorder related deaths and
4093	life-threatening opioid addiction, and to allow and enable caring relatives to seek essential
4094	treatment and intervention, as may be necessary, on behalf of a sufferer of a substance use
4095	disorder, the Legislature enacts the Essential Treatment and Intervention Act.
4096	Section 99. Section 26B-5-503, which is renumbered from Section 62A-15-1203 is
4097	renumbered and amended to read:
4098	[62A-15-1203]. 26B-5-503. Petition for essential treatment Contents
4099	Commitment to pay.
4100	(1) A relative seeking essential treatment and intervention for a sufferer of a substance
4101	use disorder may file a petition with the [district] court of the county in which the sufferer of
4102	the substance use disorder resides or is found.
4103	(2) The petition shall include:
4104	(a) the respondent's:
4105	(i) legal name;

4106	(ii) date of birth, if known;
4107	(iii) social security number, if known; and
4108	(iv) residence and current location, if known;
4109	(b) the petitioner's relationship to the respondent;
4110	(c) the name and residence of the respondent's legal guardian, if any and if known;
4111	(d) a statement that the respondent:
4112	(i) is suffering from a substance use disorder; and
4113	(ii) if not treated for the substance use disorder presents a serious harm to self or
4114	others;
4115	(e) the factual basis for the statement described in Subsection (2)(d); and
4116	(f) at least one specified local substance abuse authority or approved treatment facility
4117	or program where the respondent may receive essential treatment.
4118	(3) Any petition filed under this section:
4119	(a) may be accompanied by proof of health insurance to provide for the respondent's
4120	essential treatment;
4121	(b) shall be accompanied by a binding commitment to pay, signed by the petitioner or
4122	another individual, obligating the petitioner or other individual to pay all treatment costs
4123	beyond those covered by the respondent's health insurance policy for court-ordered essential
4124	treatment for the respondent; and
4125	(c) may be accompanied by documentation of emergency, life saving treatment
4126	provided to the respondent.
4127	(4) Nothing in this section alters the contractual relationship between a health insurer
4128	and an insured individual.
4129	Section 100. Section 26B-5-504, which is renumbered from Section 62A-15-1204 is
4130	renumbered and amended to read:
4131	[62A-15-1204]. 26B-5-504. Criteria for essential treatment and intervention.
4132	A [district] court shall order an individual to undergo essential treatment for a substance

4133	use disorder when the [district] court determines by clear and convincing evidence that the
4134	individual:
4135	(1) suffers from a substance use disorder;
4136	(2) can reasonably benefit from the essential treatment;
4137	(3) is unlikely to substantially benefit from a less-restrictive alternative treatment; and
4138	(4) presents a serious harm to self or others.
4139	Section 101. Section 26B-5-505, which is renumbered from Section 62A-15-1205 is
4140	renumbered and amended to read:
4141	[62A-15-1205]. 26B-5-505. Proceeding for essential treatment Duties of
4142	court Disposition.
4143	(1) A [district] court shall review the assertions contained in the verified petition
4144	described in Section [62A-15-1203] <u>26B-5-503</u> .
4145	(2) If the court determines that the assertions, if true, are sufficient to order the
4146	respondent to undergo essential treatment, the court shall:
4147	(a) set an expedited date for a time-sensitive hearing to determine whether the court
4148	should order the respondent to undergo essential treatment for a substance use disorder;
4149	(b) provide notice of:
4150	(i) the contents of the petition, including all assertions made;
4151	(ii) a copy of any order for detention or examination;
4152	(iii) the date of the hearing;
4153	(iv) the purpose of the hearing;
4154	(v) the right of the respondent to be represented by legal counsel; and
4155	(vi) the right of the respondent to request a preliminary hearing before submitting to an
4156	order for examination;
4157	(c) provide notice to:
4158	(i) the respondent;
4159	(ii) the respondent's guardian, if any; and

4160	(iii) the petitioner; and
4161	(d) subject to the right described in Subsection (2)(b)(vi), order the respondent to be
4162	examined before the hearing date:
4163	(i) by two essential treatment examiners; or
4164	(ii) by one essential treatment examiner, if documentation before the court
4165	demonstrates that the respondent received emergency, life saving treatment:
4166	(A) within 30 days before the day on which the petition for essential treatment and
4167	intervention was filed; or
4168	(B) during the pendency of the petition for essential treatment and intervention.
4169	(3) An essential treatment examiner shall examine the respondent to determine:
4170	(a) whether the respondent meets each of the criteria described in Section
4171	[62A-15-1204] <u>26B-5-504</u> ;
4172	(b) the severity of the respondent's substance use disorder, if any;
4173	(c) what forms of treatment would substantially benefit the respondent, if the examiner
4174	determines that the respondent has a substance use disorder; and
4175	(d) the appropriate duration for essential treatment, if essential treatment is
4176	recommended.
4177	(4) An essential treatment examiner shall certify the examiner's findings to the court
4178	within 24 hours after completion of the examination.
4179	(5) The court may, based upon the findings of an essential treatment examiner,
4180	terminate the proceedings and dismiss the petition.
4181	(6) The parties may, at any time, make a binding stipulation to an essential treatment
4182	plan and submit that plan to the court for court order.
4183	(7) At the hearing, the petitioner and the respondent may testify and may
4184	cross-examine witnesses.
4185	(8) If, upon completion of the hearing, the court finds that the criteria in Section
4186	[62A-15-1204] 26B-5-504 are met, the court shall order essential treatment for an initial period

4187	that:
4188	(a) does not exceed 360 days, subject to periodic review as provided in Section
4189	[62A-15-1206] $26B-5-507$; and
4190	(b) (i) is recommended by an essential treatment examiner; or
4191	(ii) is otherwise agreed to at the hearing.
4192	(9) The court shall designate the facility for the essential treatment, as:
4193	(a) described in the petition;
4194	(b) recommended by an essential treatment examiner; or
4195	(c) agreed to at the hearing.
4196	(10) The court shall issue an order that includes the court's findings and the reasons for
4197	the court's determination.
4198	(11) The court may order the petitioner to be the respondent's personal representative,
4199	as described in 45 C.F.R. Sec. 164.502(g), for purposes of the respondent's essential treatment.
4200	Section 102. Section 26B-5-506 , which is renumbered from Section 62A-15-1205.5 is
4201	renumbered and amended to read:
4202	[62A-15-1205.5]. <u>26B-5-506.</u> Failure to comply with court order.
4203	(1) The provisions of this section apply after a respondent has been afforded full due
4204	process rights, as provided in this Essential Treatment and Intervention Act, including notice,
4205	an opportunity to respond and appear at a hearing, and, as applicable, the court's finding that
4206	the evidence meets the clear and convincing standard, as described in Section [62A-15-1204]
4207	<u>26B-5-504</u> , for a court to order essential treatment and intervention.
4208	(2) When a respondent fails to comply with a court order issued under Subsection
4209	$\left[\frac{62A-15-1205}{26B-5-505}\right] = \frac{26B-5-505}{2}(2)(d)$ or (10), the court may:
4210	(a) find the respondent in contempt under Subsection 78B-6-301(5); and
4211	(b) issue a warrant of commitment under Section 78B-6-312.
4212	(3) When a peace officer executes a warrant issued under this section, the officer shall
4213	take the respondent into protective custody and transport the respondent to the location

4214	specified by the court

- (4) Notwithstanding Subsection (3), if a peace officer determines through the peace officer's experience and training that taking the respondent into protective custody or transporting the respondent would increase the risk of substantial danger to the respondent or others, a peace officer may exercise discretion to not take the respondent into custody or transport the respondent, as permitted by policies and procedures established by the peace officer's law enforcement agency and any applicable federal or state statute, or case law.
- Section 103. Section **26B-5-507**, which is renumbered from Section 62A-15-1206 is renumbered and amended to read:

4223 [62A-15-1206]. <u>26B-5-507.</u> Periodic review -- Discharge.

A local substance abuse authority or an approved treatment facility or program that provides essential treatment shall:

- (1) at least every 90 days after the day on which a patient is admitted, unless a court orders otherwise, examine or cause to be examined a patient who has been ordered to receive essential treatment;
- (2) notify the patient and the patient's personal representative or guardian, if any, of the substance and results of the examination;
- (3) discharge an essential treatment patient if the examination determines that the conditions justifying essential treatment and intervention no longer exist; and
- (4) after discharging an essential treatment patient, send a report describing the reasons for discharge to the clerk of the court where the proceeding for essential treatment was held and to the patient's personal representative or guardian, if any.
- Section 104. Section **26B-5-508**, which is renumbered from Section 62A-15-1207 is renumbered and amended to read:
- 4238 [62A-15-1207]. 26B-5-508. Seventy-two-hour emergency treatment pending 4239 a final court order.
 - (1) A court may order a respondent to be hospitalized for up to 72 hours if:

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others; and

4241	(a) an essential treatment examiner has examined the respondent and certified that the
1242	respondent meets the criteria described in Section [62A-15-1204] 26B-5-504; and
1243	(b) the court finds by clear and convincing evidence that the respondent presents an
1244	imminent threat of serious harm to self or others as a result of a substance use disorder.
1245	(2) An individual who is admitted to a hospital under this section shall be released
1246	from the hospital within 72 hours after admittance, unless a treating physician or essential
1247	treatment examiner determines that the individual continues to pose an imminent threat of
1248	serious harm to self or others.
1249	(3) If a treating physician or essential treatment examiner makes the determination
4250	described in Subsection (2), the individual may be detained for as long as the threat of serious
4251	harm remains imminent, but not more than 10 days after the day on which the individual was
1252	hospitalized, unless a court orders otherwise.
1253	(4) A treating physician or an essential treatment examiner shall, as frequently as
1254	practicable, examine an individual hospitalized under this section and release the individual if
1255	it is determined that a threat of imminent serious harm no longer exists.
1256	Section 105. Section 26B-5-509 , which is renumbered from Section 62A-15-1207.5 is
1257	renumbered and amended to read:
4258	[62A-15-1207.5]. 26B-5-509. Emergency, life saving treatment Temporary
1259	personal representative.
4260	(1) When an individual receives emergency, life saving treatment:
4261	(a) a licensed health care professional, at the health care facility where the emergency,
4262	life saving treatment is provided, may ask the individual who, if anyone, may be contacted and
4263	informed regarding the individual's treatment;
4264	(b) a treating physician may hold the individual in the health care facility for up to 48
4265	hours, if the treating physician determines that the individual poses a serious harm to self or

(c) a relative of the individual may petition a court to be designated as the individual's

4268	personal representative, described in 45 C.F.R. Sec. 164.502(g), for the limited purposes of the
4269	individual's medical and mental health care related to a substance use disorder.
4270	(2) The petition described in Subsection (1)(c) shall include:
4271	(a) the respondent's:
4272	(i) legal name;
4273	(ii) date of birth, if known;
4274	(iii) social security number, if known; and
4275	(iv) residence and current location, if known;
4276	(b) the petitioner's relationship to the respondent;
4277	(c) the name and residence of the respondent's legal guardian, if any and if known;
4278	(d) a statement that the respondent:
4279	(i) is suffering from a substance use disorder; and
4280	(ii) has received, within the last 72 hours, emergency, life saving treatment;
4281	(e) the factual basis for the statement described in Subsection (2)(d); and
4282	(f) the name of any other individual, if any, who may be designated as the respondent's
4283	personal representative.
4284	(3) A court shall grant a petition for designation as a personal representative, ex parte,
4285	if it appears from the petition for designation as a court-designated personal representative that:
4286	(a) the respondent is suffering from a substance use disorder;
4287	(b) the respondent received emergency, life saving treatment within 10 days before the
4288	day on which the petition for designation as a personal representative is filed;
4289	(c) the petitioner is a relative of the respondent; and
4290	(d) no other individual is otherwise designated as the respondent's personal
4291	representative.
4292	(4) When a court grants, ex parte, a petition for designation as a personal
4293	representative, the court:
4294	(a) shall provide notice to the respondent;

4295	(b) shall order the petitioner to be the respondent's personal representative for 10 days
4296	after the day on which the court designates the petitioner as the respondent's personal
4297	representative; and
4298	(c) may extend the duration of the order:
4299	(i) for good cause shown, after the respondent has been notified and given a proper and
4300	sufficient opportunity to respond; or
4301	(ii) if the respondent consents to an extension.
4302	Section 106. Section 26B-5-510 , which is renumbered from Section 62A-15-1208 is
4303	renumbered and amended to read:
4304	[62A-15-1208]. <u>26B-5-510.</u> Confidentiality.
4305	(1) The purpose of [Part 12, Essential Treatment and Intervention Act,] this part is to
4306	provide a process for essential treatment and intervention to save lives, preserve families, and
4307	reduce substance use disorder, including opioid addiction.
4308	(2) An essential treatment petition and any other document filed in connection with the
4309	petition for essential treatment is confidential and protected.
4310	(3) A hearing on an essential treatment petition is closed to the public, and only the
4311	following individuals and their legal counsel may be admitted to the hearing:
4312	(a) parties to the petition;
4313	(b) the essential treatment examiners who completed the court-ordered examination
4314	under Subsection [62A-15-1205] <u>26B-5-505(</u> 3);
4315	(c) individuals who have been asked to give testimony; and
4316	(d) individuals to whom notice of the hearing is required to be given under Subsection
4317	$\left[\frac{62A-15-1205}{26B-5-505}\right]$ $\left[\frac{26B-5-505}{2}\right]$ $\left[\frac{26B-5-505}{2}\right]$
4318	(4) Testimony, medical evaluations, the petition, and other documents directly related
4319	to the adjudication of the petition and presented to the court in the interest of the respondent
4320	may not be construed or applied as an admission of guilt to a criminal offense.
4321	(5) A court may, if applicable, enforce a previously existing warrant for a respondent of

4322	a warrant for a charge that is unrelated to the essential treatment petition filed under this part.
4323	Section 107. Section 26B-5-511, which is renumbered from Section 62A-15-1209 is
4324	renumbered and amended to read:
4325	[62A-15-1209]. 26B-5-511. Essential treatment for substance use disorder
4326	Rights of patient.
4327	All applicable rights guaranteed to a patient by Sections [62A-15-641 and 62A-15-642]
4328	26B-5-310 and 26B-5-311 shall be guaranteed to an individual who is ordered to undergo
4329	essential treatment for a substance use disorder.
4330	Section 108. Section 26B-5-601, which is renumbered from Section 62A-17-102 is
4331	renumbered and amended to read:
4332	Part 6. Mental Health Intervention and Treatment Programs
4333	[62A-17-102]. 26B-5-601. Definitions.
4334	As used in this [chapter] part:
4335	(1) "211" means the abbreviated dialing code assigned by the Federal Communications
4336	Commission for consumer access to community information and referral services.
4337	(2) "ACT team personnel" means a licensed psychiatrist or mental health therapist, or
4338	another individual, as determined by the division, who is part of an ACT team.
4339	[(2)] (3) "Approved 211 service provider" means a public or nonprofit agency or
4340	organization designated by the department to provide 211 services.
4341	(4) (a) "Assertive community treatment" means mental health services and on-site
4342	intervention that a person renders to an individual with a mental illness.
4343	(b) "Assertive community treatment" includes the provision of assessment and
4344	treatment plans, rehabilitation, support services, and referrals to other community resources.
4345	(5) "Assertive community treatment team" or "ACT team" means a mobile team of
4346	medical and mental health professionals that provides assertive community outreach treatment
4347	and, based on the individual circumstances of each case, coordinates with other medical
4348	providers and appropriate community resources.

4349	(6) "Mental health therapist" means the same as that term is defined in Section
4350	<u>58-60-102.</u>
4351	(7) "Mental illness" means the same as that term is defined in Section 26B-5-301.
4352	(8) "Psychiatrist" means the same as that term is defined in Section 26B-1-328.
4353	[(3)] (9) (a) "Utah 211" means an information and referral system that:
4354	(i) maintains a database of:
4355	(A) providers of health and human services; and
4356	(B) volunteer opportunities and coordinators throughout the state;
4357	(ii) assists individuals, families, and communities at no cost in identifying,
4358	understanding, and accessing the providers of health and human services; and
4359	(iii) works collaboratively with state agencies, local governments, community-based
4360	organizations, not-for-profit organizations, organizations active in disaster relief, and
4361	faith-based organizations.
4362	(b) "Utah 211" does not mean service provided by 911 and first responders.
4363	Section 109. Section 26B-5-602, which is renumbered from Section 62A-17-103 is
4364	renumbered and amended to read:
4365	[62A-17-103]. <u>26B-5-602.</u> Designated approved 211 service provider
4366	Department responsibilities.
4367	(1) The department shall designate an approved 211 service provider to provide
4368	information to Utah citizens about health and human services available in the citizen's
4369	community.
4370	(2) Only a service provider approved by the department may provide 211 telephone
4371	services in this state.
4372	(3) The department shall approve a 211 service provider after considering the
4373	following:
4374	(a) the ability of the proposed 211 service provider to meet the national 211 standards
4375	recommended by the Alliance of Information and Referral Systems:

4376	(b) the financial stability of the proposed 211 service provider;
4377	(c) the community support for the proposed 211 service provider;
4378	(d) the relationship between the proposed 211 service provider and other information
4379	and referral services; and
4380	(e) other criteria as the department considers appropriate.
4381	(4) The department shall coordinate with the approved 211 service provider and other
4382	state and local agencies to ensure the joint development and maintenance of a statewide
4383	information database for use by the approved 211 service provider.
4384	Section 110. Section 26B-5-603, which is renumbered from Section 62A-17-104 is
4385	renumbered and amended to read:
4386	[62A-17-104]. <u>26B-5-603.</u> Utah 211 created Responsibilities.
4387	(1) The designated 211 service provider described in Section [62A-17-102] 26B-5-601
4388	shall be known as Utah 211.
4389	(2) Utah 211 shall, as appropriations allow:
4390	(a) by 2014:
4391	(i) provide the services described in this Subsection (2) 24 hours a day, seven days a
4392	week;
4393	(ii) abide by the key standards for 211 programs, as specified in the Standards for
4394	Professional Information and Referral Requirements for Alliance of Information Systems
4395	Accreditation and Operating 211 systems; and
4396	(iii) be a point of entry for disaster-related information and referral;
4397	(b) track types of calls received and referrals made;
4398	(c) develop, coordinate, and implement a statewide information and referral system
4399	that integrates existing community-based structures with state and local agencies;
4400	(d) provide information relating to:
4401	(i) health and human services; and
4402	(ii) volunteer opportunities;

4403	(e) create an online, searchable database to provide information to the public about the
4404	health and human services provided by public or private entities throughout the state, and
4405	ensure that:
4406	(i) the material on the searchable database is indexed:
4407	(A) geographically to inform an individual about the health and human services
4408	provided in the area where the individual lives; and
4409	(B) by type of service provided; and
4410	(ii) the searchable database contains links to the Internet sites of any local provider of
4411	health and human services, if possible, and include:
4412	(A) the name, address, and phone number of organizations providing health and human
4413	services in a county; and
4414	(B) a description of the type of services provided;
4415	(f) be responsible, in collaboration with state agencies, for raising community
4416	awareness about available health and human services; and
4417	(g) host meetings on a quarterly basis until calendar year 2014, and on a biannual basis
4418	beginning in 2014, to seek input and guidance from state agencies, local governments,
4419	community-based organizations, not-for-profit organizations, and faith-based organizations.
4420	Section 111. Section 26B-5-604, which is renumbered from Section 62A-17-105 is
4421	renumbered and amended to read:
4422	[62A-17-105]. 26B-5-604. Other state agencies and local governments.
4423	(1) A state agency or local government institution that provides health and human
4424	services, or a public or private entity receiving state-appropriated funds to provide health and
4425	human services, shall provide Utah 211 with information, in a form determined by Utah 211,
4426	about the services the agency or entity provides for inclusion in the statewide information and
4427	referral system.
4428	(2) A state agency or local government institution that provides health and human
4429	services may not establish a new public telephone line or hotline, other than an emergency first

4430 responder hotline, to provide information or referrals unless the agency or institution first: 4431 (a) consults with Utah 211 about using the existing 211 to provide access to the 4432 information or referrals; and 4433 (b) assesses whether a new line or the existing 211 program would be more cost 4434 effective. 4435 (3) Nothing in this section prohibits a state agency or local government institution from 4436 starting a public telephone line or hotline in an emergency situation. 4437 (4) State agencies, local governments, community-based organizations, not-for-profit 4438 organizations, faith-based organizations, and businesses that engage in providing human 4439 services may contract with Utah 211 to provide specialized projects, including: 4440 (a) public health campaigns; 4441 (b) seasonal community services; and 4442 (c) expanded point of entry services. 4443 Section 112. Section 26B-5-605, which is renumbered from Section 62A-17-106 is 4444 renumbered and amended to read: 4445 26B-5-605. Immunity from liability. [62A-17-106]. 4446 (1) Except as provided in Subsection (2), Utah 211, its employees, directors, officers, 4447 and information specialists are not liable to any person in a civil action for injury or loss as a 4448 result of an act or omission of Utah 211, its employees, directors, officers, or information 4449 specialists, in connection with: 4450 (a) developing, adopting, implementing, maintaining, or operating the Utah 211 4451 system; 4452 (b) making Utah 211 available for use by the public; or 4453 (c) providing 211 services. 4454 (2) Utah 211, its employees, directors, officers, and information specialists shall be 4455 liable to any person in a civil action for an injury or loss resulting from willful or wanton 4456 misconduct.

4457	Section 113. Section 26B-5-606 , which is renumbered from Section 62A-15-1802 is
4458	renumbered and amended to read:
4459	[62A-15-1802]. <u>26B-5-606.</u> Division duties ACT team license creation.
4460	(1) To promote the availability of assertive community treatment, the division shall
4461	make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
4462	that create a certificate for ACT team personnel and ACT teams, that includes:
4463	(a) the standards the division establishes under Subsection (2); and
4464	(b) guidelines for:
4465	(i) required training and experience of ACT team personnel; and
4466	(ii) the coordination of assertive community treatment and other community resources.
4467	(2) (a) The division shall:
4468	(i) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
4469	make rules that establish standards that an applicant is required to meet to qualify for the
4470	certifications described in Subsection (1); and
4471	(ii) create a statewide ACT team plan that:
4472	(A) identifies statewide assertive community treatment needs, objectives, and
4473	priorities; and
4474	(B) identifies the equipment, facilities, personnel training, and other resources
4475	necessary to provide assertive community treatment.
4476	(b) The division may delegate the ACT team plan requirement described in Subsection
4477	(2)(a)(ii) to a contractor with whom the division contracts to provide assertive community
4478	outreach treatment.
4479	Section 114. Section 26B-5-607, which is renumbered from Section 62A-15-1803 is
4480	renumbered and amended to read:
4481	[62A-15-1803]. 26B-5-607. Grants for development of an ACT team.
4482	(1) The division shall award grants for the development of one ACT team to provide
1183	assertive community treatment to individuals in the state

4484	(2) The division shall prioritize the award of a grant described in Subsection (1) to
4485	entities, based on:
4486	(a) the number of individuals the proposed ACT team will serve; and
4487	(b) the percentage of matching funds the entity will provide to develop the proposed
4488	ACT team.
4489	(3) An entity does not need to have resources already in place to be awarded a grant
4490	described in Subsection (1).
4491	(4) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah
4492	Administrative Rulemaking Act, for the application and award of the grants described in
4493	Subsection (1).
4494	Section 115. Section 26B-5-608, which is renumbered from Section 62A-15-1804 is
4495	renumbered and amended to read:
4496	[62A-15-1804]. <u>26B-5-608.</u> Housing assistance program for individuals
4497	discharged from the Utah State Hospital and receiving assertive community treatment.
4498	(1) (a) The division shall, within funds appropriated by the Legislature for this purpose
4499	implement and manage the operation of a housing assistance program in consultation with the
4500	Utah State Hospital, established in Section [62A-15-601] 26B-5-302, and one or more housing
4501	authorities, associations of governments, or nonprofit entities.
4502	(b) The housing assistance program shall provide the housing assistance described in
4503	Subsection (1)(c) to individuals:
4504	(i) who are discharged from the Utah State Hospital; and
4505	(ii) who the division determines would benefit from assertive community treatment.
4506	(c) The housing assistance provided under the housing assistance program may
4507	include:
4508	(i) subsidizing rent payments for housing;
4509	(ii) subsidizing the provision of temporary or transitional housing; or
4510	(iii) providing money for one-time housing barrier assistance, including rental housing

4511	application fees, utility hookup fees, or rental housing security deposits.
4512	(2) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah
4513	Administrative Rulemaking Act, to establish procedures for the operation of the housing
4514	assistance program described in Subsection (1).
4515	(3) The division shall report to the Health and Human Services Interim Committee
4516	each year before November 30 regarding:
4517	(a) the entities the division consulted with under Subsection (1)(a);
4518	(b) the number of individuals who are benefitting from the housing assistance program
4519	described in Subsection (1);
4520	(c) the type of housing assistance provided under the housing assistance program
4521	described in Subsection (1);
4522	(d) the average monthly dollar amount provided to individuals under the housing
4523	assistance program described in Subsection (1); and
4524	(e) recommendations regarding improvements or changes to the housing assistance
4525	program described in Subsection (1).
4526	Section 116. Section 26B-5-609, which is renumbered from Section 62A-15-1402 is
4527	renumbered and amended to read:
4528	[62A-15-1402]. <u>26B-5-609.</u> Department and division duties MCOT license
4529	creation.
4530	(1) As used in this section:
4531	(a) "Commission" means the Behavioral Health Crisis Response Commission created
4532	<u>in Section 63C-18-202.</u>
4533	(b) "Emergency medical service personnel" means the same as that term is defined in
4534	Section 26B-4-101.
4535	(c) "Emergency medical services" means the same as that term is defined in Section
4536	<u>26B-4-101</u> .
4537	(d) "MCOT certification" means the certification created in this part for MCOT

4538	personnel and mental health crisis outreach services.
4539	(e) "MCOT personnel" means a licensed mental health therapist or other mental health
4540	professional, as determined by the division, who is a part of a mobile crisis outreach team.
4541	(f) "Mental health crisis" means a mental health condition that manifests itself by
4542	symptoms of sufficient severity that a prudent layperson who possesses an average knowledge
4543	of mental health issues could reasonably expect the absence of immediate attention or
4544	intervention to result in:
4545	(i) serious jeopardy to the individual's health or well-being; or
4546	(ii) a danger to others.
4547	(g) (i) "Mental health crisis services" means mental health services and on-site
4548	intervention that a person renders to an individual suffering from a mental health crisis.
4549	(ii) "Mental health crisis services" includes the provision of safety and care plans,
4550	stabilization services offered for a minimum of 60 days, and referrals to other community
4551	resources.
4552	(h) "Mental health therapist" means the same as that term is defined in Section
4553	<u>58-60-102.</u>
4554	(i) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and
4555	mental health professionals that provides mental health crisis services and, based on the
4556	individual circumstances of each case, coordinates with local law enforcement, emergency
4557	medical service personnel, and other appropriate state or local resources.
4558	[(1)] (2) To promote the availability of comprehensive mental health crisis services
4559	throughout the state, the division shall make rules, in accordance with Title 63G, Chapter 3,
4560	Utah Administrative Rulemaking Act, that create a certificate for MCOT personnel and
4561	MCOTs, including:
4562	(a) the standards the division establishes under Subsection $[(2)]$ (3); and
4563	(b) guidelines for:
4564	(i) credit for training and experience; and

4565	(ii) the coordination of:
4566	(A) emergency medical services and mental health crisis services;
4567	(B) law enforcement, emergency medical service personnel, and mobile crisis outreach
4568	teams; and
4569	(C) temporary commitment in accordance with Section [62A-15-629] 26B-5-331.
4570	[(2)] (a) With recommendations from the commission, the division shall:
4571	(i) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
4572	make rules that establish standards that an applicant is required to meet to qualify for the
4573	MCOT certification described in Subsection $[(1)]$ (2); and
4574	(ii) create a statewide MCOT plan that:
4575	(A) identifies statewide mental health crisis services needs, objectives, and priorities;
4576	and
4577	(B) identifies the equipment, facilities, personnel training, and other resources
4578	necessary to provide mental health crisis services.
4579	(b) The division may delegate the MCOT plan requirement described in Subsection
4580	[(2)(a)(ii)] $(3)(a)(ii)$ to a contractor with which the division contracts to provide mental health
4581	crisis services.
4582	Section 117. Section 26B-5-610, which is renumbered from Section 62A-15-1302 is
4583	renumbered and amended to read:
4584	[62A-15-1302]. 26B-5-610. Contracts for statewide mental health crisis line
4585	and statewide warm line Crisis worker and certified peer support specialist
4586	qualification or certification Operational standards.
4587	(1) As used in this section:
4588	(a) "Certified peer support specialist" means an individual who:
4589	(i) meets the standards of qualification or certification that the division sets, in
4590	accordance with Subsection (3); and
4591	(ii) staffs the statewide warm line under the supervision of at least one mental health

4592	therapist.
4593	(b) "Commission" means the Behavioral Health Crisis Response Commission created
4594	<u>in Section 63C-18-202.</u>
4595	(c) "Crisis worker" means an individual who:
4596	(i) meets the standards of qualification or certification that the division sets, in
4597	accordance with Subsection (3); and
4598	(ii) staffs the statewide mental health crisis line, the statewide warm line, or a local
4599	mental health crisis line under the supervision of at least one mental health therapist.
4600	(d) "Local mental health crisis line" means a phone number or other response system
4601	that is:
4602	(i) accessible within a particular geographic area of the state; and
4603	(ii) intended to allow an individual to contact and interact with a qualified mental or
4604	behavioral health professional.
4605	(e) "Mental health crisis" means the same as that term is defined in Section 26B-5-609.
4606	(f) "Mental health therapist" means the same as that term is defined in Section
4607	<u>58-60-102.</u>
4608	(g) "Statewide mental health crisis line" means a statewide phone number or other
4609	response system that allows an individual to contact and interact with a qualified mental or
4610	behavioral health professional 24 hours per day, 365 days per year.
4611	(h) "Statewide warm line" means a statewide phone number or other response system
4612	that allows an individual to contact and interact with a qualified mental or behavioral health
4613	professional or a certified peer support specialist.
4614	[(1)] (2) (a) The division shall enter into a new contract or modify an existing contract
4615	to manage and operate, in accordance with this part, the statewide mental health crisis line and
4616	the statewide warm line.
4617	(b) Through the contracts described in Subsection $[(1)(a)]$ $(2)(a)$ and in consultation
4618	with the commission, the division shall set standards of care and practice for:

4619	(1) the mental health therapists and crisis workers who staff the statewide mental health
4620	crisis line; and
4621	(ii) the mental health therapists, crisis workers, and certified peer support specialists
4622	who staff the statewide warm line.
4623	$\left[\frac{(2)}{(3)}\right]$ (a) The division shall establish training and minimum standards for the
4624	qualification or certification of:
4625	(i) crisis workers who staff the statewide mental health crisis line, the statewide warm
4626	line, and local mental health crisis lines; and
4627	(ii) certified peer support specialists who staff the statewide warm line.
4628	(b) The division may make rules, in accordance with Title 63G, Chapter 3, Utah
4629	Administrative Rulemaking Act, necessary to establish the training and minimum standards
4630	described in Subsection $[(2)(a)]$ $(3)(a)$.
4631	(4) In consultation with the commission, the division shall ensure that:
4632	(a) the following individuals are available to staff and answer calls to the statewide
4633	mental health crisis line 24 hours per day, 365 days per calendar year:
4634	(i) mental health therapists; or
4635	(ii) crisis workers;
4636	(b) a sufficient amount of staff is available to ensure that when an individual calls the
4637	statewide mental health crisis line, regardless of the time, date, or number of individuals trying
4638	to simultaneously access the statewide mental health crisis line, an individual described in
4639	Subsection (4)(a) answers the call without the caller first:
4640	(i) waiting on hold; or
4641	(ii) being screened by an individual other than a mental health therapist or crisis
4642	worker;
4643	(c) the statewide mental health crisis line has capacity to accept all calls that local
4644	mental health crisis lines route to the statewide mental health crisis line;
4645	(d) the following individuals are available to staff and answer calls to the statewide

4646	warm line during the hours and days of operation set by the division under Subsection (5):
4647	(i) mental health therapists;
4648	(ii) crisis workers; or
4649	(iii) certified peer support specialists;
4650	(e) when an individual calls the statewide mental health crisis line, the individual's call
4651	may be transferred to the statewide warm line if the individual is not experiencing a mental
4652	health crisis; and
4653	(f) when an individual calls the statewide warm line, the individual's call may be
4654	transferred to the statewide mental health crisis line if the individual is experiencing a mental
4655	health crisis.
4656	(5) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah
4657	Administrative Rulemaking Act, to establish the hours and days of operation for the statewide
4658	warm line.
4659	Section 118. Section 26B-5-611, which is renumbered from Section 62A-15-1101 is
4660	renumbered and amended to read:
4661	[62A-15-1101]. 26B-5-611. Suicide prevention Reporting requirements.
4662	(1) As used in this section:
4663	(a) "Advisory Council" means the Utah Substance Use and Mental Health Advisory
4664	Council created in Section 63M-7-301.
4665	(b) "Bureau" means the Bureau of Criminal Identification created in Section 53-10-201
4666	within the Department of Public Safety.
4667	(c) "Coalition" means the Statewide Suicide Prevention Coalition created under
4668	Subsection (3).
4669	(d) "Coordinator" means the state suicide prevention coordinator appointed under
4670	Subsection (2).
4671	(e) "Fund" means the Governor's Suicide Prevention Fund created in Section
4672	<u>26B-1-325.</u>

4673	(1) "Intervention" means an effort to prevent a person from attempting suicide.
4674	(g) "Legal intervention" means an incident in which an individual is shot by another
4675	individual who has legal authority to use deadly force.
4676	(h) "Postvention" means intervention after a suicide attempt or a suicide death to
4677	reduce risk and promote healing.
4678	(i) "Shooter" means an individual who uses a gun in an act that results in the death of
4679	the actor or another individual, whether the act was a suicide, homicide, legal intervention, act
4680	of self-defense, or accident.
4681	[(1)] (2) The division shall appoint a state suicide prevention coordinator to administer
4682	a state suicide prevention program composed of suicide prevention, intervention, and
4683	postvention programs, services, and efforts.
4684	$\left[\frac{(2)}{(3)}\right]$ The coordinator shall:
4685	(a) establish a Statewide Suicide Prevention Coalition with membership from public
4686	and private organizations and Utah citizens; and
4687	(b) appoint a chair and co-chair from among the membership of the coalition to lead
4688	the coalition.
4689	[(3)] (4) The state suicide prevention program may include the following components:
4690	(a) delivery of resources, tools, and training to community-based coalitions;
4691	(b) evidence-based suicide risk assessment tools and training;
4692	(c) town hall meetings for building community-based suicide prevention strategies;
4693	(d) suicide prevention gatekeeper training;
4694	(e) training to identify warning signs and to manage an at-risk individual's crisis;
4695	(f) evidence-based intervention training;
4696	(g) intervention skills training;
4697	(h) postvention training; or
4698	(i) a public education campaign to improve public awareness about warning signs of
4699	suicide and suicide prevention resources.

4700	$\left[\frac{4}{5}\right]$ The coordinator shall coordinate with the following to gather statistics, among
4701	other duties:
4702	(a) local mental health and substance abuse authorities;
4703	(b) the State Board of Education, including the public education suicide prevention
4704	coordinator described in Section 53G-9-702;
4705	[(c) the Department of Health;]
4706	(c) applicable divisions and offices within the department;
4707	(d) health care providers, including emergency rooms;
4708	(e) federal agencies, including the Federal Bureau of Investigation;
4709	(f) other unbiased sources; and
4710	(g) other public health suicide prevention efforts.
4711	[(5)] (6) The coordinator shall provide a written report to the Health and Human
4712	Services Interim Committee, at or before the October meeting every year, on:
4713	(a) implementation of the state suicide prevention program, as described in Subsections
4714	[(1) and (3)] (2) and (4);
4715	(b) data measuring the effectiveness of each component of the state suicide prevention
4716	program;
4717	(c) funds appropriated for each component of the state suicide prevention program; and
4718	(d) five-year trends of suicides in Utah, including subgroups of youths and adults and
4719	other subgroups identified by the state suicide prevention coordinator.
4720	[6] The coordinator shall, in consultation with the bureau, implement and manage
4721	the operation of the firearm safety program described in Subsection [62A-15-103]
4722	<u>26B-5-102(3)</u> .
4723	[(7)] (8) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking
4724	Act, the division shall make rules:
4725	(a) governing the implementation of the state suicide prevention program, consistent
4726	with this section; and

4/2/	(b) in conjunction with the bureau, defining the criteria for employers to apply for
4728	grants under the Suicide Prevention Education Program described in Section [62A-15-103.1]
4729	26B-5-110, which shall include:
4730	(i) attendance at the suicide prevention education course described in Subsection
4731	$\left[\frac{62A-15-103}{26B-5-102}\right]$ 26B-5-102(3); and
4732	(ii) distribution of the firearm safety brochures or packets created in Subsection
4733	[62A-15-103] 26B-5-102(3), but does not require the distribution of a cable-style gun lock with
4734	a firearm if the firearm already has a trigger lock or comparable safety mechanism.
4735	[(8)] (9) As funding by the Legislature allows, the coordinator shall award grants, not
4736	to exceed a total of \$100,000 per fiscal year, to suicide prevention programs that focus on the
4737	needs of children who have been served by the Division of Juvenile Justice and Youth
4738	Services.
4739	[(9)] (10) The coordinator and the coalition shall submit to the advisory council, no
4740	later than October 1 each year, a written report detailing the previous fiscal year's activities to
4741	fund, implement, and evaluate suicide prevention activities described in this section.
4742	Section 119. Section 26B-5-612, which is renumbered from Section 26-1-43 is
4743	renumbered and amended to read:
4744	[26-1-43]. <u>26B-5-612.</u> Integrated behavioral health care grant program.
4745	(1) As used in this section:
4746	(a) "Integrated behavioral health care services" means coordinated physical and
4747	behavioral health care services for one patient.
4748	(b) "Local mental health authority" means a local mental health authority described in
4749	Section 17-43-301.
4750	(c) "Project" means a project described in Subsection (2).
4751	(2) Before July 1 of each year, the department shall issue a request for proposals in
4752	accordance with this section to award a grant to a local mental health authority for development
4753	or expansion of a project to provide effective delivery of integrated behavioral health care

4754	services.
4755	(3) To be considered for a grant award under Subsection (2), a local mental health
4756	authority shall submit an application to the department that:
4757	(a) explains the benefits of integrated behavioral health care services to a patient who is
4758	receiving mental health or substance use disorder treatment;
4759	(b) describes the local mental health authority's operational plan for delivery of
4760	integrated behavioral health care services under the proposed project and any data or
4761	evidence-based practices supporting the likely success of the operational plan;
4762	(c) includes:
4763	(i) the number of patients to be served by the local mental health authority's proposed
4764	project; and
4765	(ii) the cost of the local mental health authority's proposed project; and
4766	(d) provides details regarding:
4767	(i) any plan to use funding sources in addition to the grant award under this section for
4768	the local mental health authority's proposed project;
4769	(ii) any existing or planned contracts or partnerships between the local mental health
4770	authority and other individuals or entities to develop or implement the local mental health
4771	authority's proposed project; and
4772	(iii) the sustainability and reliability of the local mental health authority's proposed
4773	project.
4774	(4) In evaluating a local mental health authority's application under Subsection (3) to
4775	determine the grant award under Subsection (2), the department shall consider:
4776	(a) how the local mental health authority's proposed project will ensure effective
4777	provision of integrated behavioral health care services;
4778	(b) the cost of the local mental health authority's proposed project;
4779	(c) the extent to which any existing or planned contracts or partnerships or additional

funding sources described in the local mental health authority's application are likely to benefit

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4781	the proposed project; and
4782	(d) the sustainability and reliability of the local mental health authority's proposed
4783	project.
4784	(5) Before July 1, 2025, the department shall report to the Health and Human Services
4785	Interim Committee regarding:
4786	(a) any knowledge gained or obstacles encountered in providing integrated behavioral
4787	health care services under each project;
4788	(b) data gathered in relation to each project; and
4789	(c) recommendations for expanding a project statewide.
4790	Section 120. Section 26B-6-101 is amended to read:
4791	CHAPTER 6. LONG TERM SERVICES AND SUPPORTS, AGING, AND
4792	DISABILITIES
4793	Part 1. Aging and Adult Services
4794	26B-6-101. Chapter definitions.
4795	[Reserved] As used in this chapter:
4796	(1) "Adult" or "high risk adult" means a person 18 years old or older who experiences a
4797	condition:
4798	(a) that places the person at a high risk of being unable to care for themselves:
4799	(i) as determined by assessment; and
4800	(ii) due to the onset of a physical or cognitive impairment or frailty; and
4801	(b) for which the person is not eligible to receive services under:
4802	(i) Part 4, Division of Services for People with Disabilities; or
4803	(ii) Chapter 5, Health Care Substance Use and Mental Health.
4804	(2) "Aging" and "aged" means a person 60 years old or older.
4805	(3) "Area agency" means an area agency that provides services to the aged, high risk
4806	adults, or both within a planning and service area.
4807	(4) "Area agency on aging" means a public or private nonprofit agency or office

4808	designated by the division to:
4809	(a) operate within a planning and service area of the state; and
4810	(b) develop and implement a broad range of services for the aged in the area described
4811	in Subsection (4)(a).
4812	(5) "Area agency on high risk adults" means a public or private nonprofit agency or
4813	office designated by the division to:
4814	(a) operate within a planning and service area of the state; and
4815	(b) develop and implement services for high risk adults in the area described in
4816	Subsection (5)(a).
4817	(6) "Board" means the Board of Aging and Adult Services created in Section
4818	<u>26B-1-426.</u>
4819	(7) "Director" means the director of the division.
4820	(8) "Division" means the Division of Aging and Adult Services within the department.
4821	(9) "Personal care attendant" means a person who:
4822	(a) is selected by:
4823	(i) an aged person;
4824	(ii) an agent of an aged person;
4825	(iii) a high risk adult; or
4826	(iv) an agent of a high risk adult; and
4827	(b) provides personal services to the:
4828	(i) aged person described in Subsection (9)(a)(i); or
4829	(ii) high risk adult described in Subsection (9)(a)(iii).
4830	(10) "Personal services" means nonmedical care and support, including assisting a
4831	person with:
4832	(a) meal preparation;
4833	(b) eating;
4834	(c) bathing;

1835	(d) dressing;
4836	(e) personal hygiene; or
1837	(f) daily living activities.
1838	(11) "Planning and service area" means a geographical area of the state designated by
1839	the division for purposes of planning, development, delivery, and overall administration of
4840	services for the aged or high risk adults.
4841	(12) (a) "Public funds" means state or federal funds that are disbursed by:
1842	(i) the department;
1843	(ii) the division;
1844	(iii) an area agency; or
4845	(iv) an area agency on aging.
4846	(b) "Public funds" includes:
4847	(i) Medicaid funds; and
4848	(ii) Medicaid waiver funds.
4849	Section 121. Section 26B-6-102, which is renumbered from Section 62A-3-102 is
4850	renumbered and amended to read:
4851	[62A-3-102]. <u>26B-6-102.</u> Division created.
4852	There is created a Division of Aging and Adult Services within the department, under
4853	the administration and general supervision of the executive director.
4854	Section 122. Section 26B-6-103, which is renumbered from Section 62A-3-103 is
4855	renumbered and amended to read:
4856	[62A-3-103]. <u>26B-6-103.</u> Director of division Appointment
4857	Qualifications.
4858	(1) The director of the division shall be appointed by the executive director with the
4859	concurrence of the board.
4860	(2) The director shall have a bachelor's degree from an accredited university or college
4861	be experienced in administration, and be knowledgeable in matters concerning the aging and

4862	adult populations.		
4863	(3) The director is the administrative head of the division.		
4864	Section 123. Section 26B-6-104, which is renumbered from Section 62A-3-104 is		
4865	renumbered and amended to read:		
4866	[62A-3-104]. <u>26B-6-104.</u> Authority of division.		
4867	(1) The division is the sole state agency, as defined by the Older Americans Act of		
4868	1965, 42 U.S.C. 3001 et seq., to:		
4869	(a) serve as an effective and visible advocate for the aging and adult population of this		
4870	state;		
4871	(b) develop and administer a state plan under the policy direction of the board; and		
4872	(c) take primary responsibility for state activities relating to provisions of the Older		
4873	Americans Act of 1965, as amended.		
4874	(2) (a) The division has authority to designate:		
4875	(i) planning and service areas for the state; and		
4876	(ii) an area agency on aging within each planning and service area to design and		
4877	implement a comprehensive and coordinated system of services and programs for the aged		
4878	within appropriations from the Legislature.		
4879	(b) Designation as an area agency on aging may be withdrawn:		
4880	(i) upon request of the area agency on aging; or		
4881	(ii) upon noncompliance with the provisions of the:		
4882	(A) Older Americans Act of 1965, 42 U.S.C. Sec. 3001 et seq.;		
4883	(B) federal regulations enacted under the Older Americans Act of 1965, 42 U.S.C. Sec.		
4884	3001 et seq.;		
4885	(C) provisions of this chapter; or		
4886	(D) rules, policies, or procedures established by the division.		
4887	(3) (a) The division has the authority to designate:		
4888	(i) planning and service areas for the state; and		

4889	(ii) subject to Subsection (3)(b), an area agency on high risk adults within each		
4890	planning and service area to design and implement a comprehensive and coordinated system of		
4891	case management and programs for high risk adults within appropriations from the Legislature.		
4892	(b) For purposes of Subsection (3)(a)(ii), before October 1, 1998, the division shall		
4893	designate as the area agency on high risk adults in a planning and service area:		
4894	(i) the area agency on aging that operates within the same geographic area if that		
4895	agency requests, before July 1, 1998, to expand that agency's current contract with the division		
4896	to include the responsibility of:		
4897	(A) being the area agency on high risk adults; or		
4898	(B) operating the area agency on high risk adults:		
4899	(I) through joint cooperation with one or more existing area agencies on aging; and		
4900	(II) without reducing geographical coverage in any service area; or		
4901	(ii) a public or private nonprofit agency or office if the area agency on aging that		
4902	operates within the same geographic area has not made a request in accordance with Subsection		
4903	(3)(b)(i).		
4904	(c) (i) Area agencies on high risk adults shall be in operation before July 1, 1999.		
4905	(ii) The division's efforts to establish area agencies on high risk adults shall start with		
4906	counties with a population of more than 150,000 people.		
4907	(d) Designation as an area agency on high risk adults may be withdrawn:		
4908	(i) upon request by the area agency; or		
4909	(ii) upon noncompliance with:		
4910	(A) state law;		
4911	(B) federal law; or		
4912	(C) rules, policies, or procedures established by the division.		
4913	(4) (a) The division may, by following the procedures and requirements of Title 63J,		
4914	Chapter 5, Federal Funds Procedures Act:		
4915	(i) seek federal grants, loans, or participation in federal programs; and		

4916	(ii) receive and distribute state and federal funds for the division's programs and	
4917	services to the aging and adult populations of the state.	
4918	(b) The division may not disburse public funds to a personal care attendant as payment	
4919	for personal services rendered to an aged person or high risk adult, except as provided in	
4920	Section [62A-3-104.3] <u>26B-6-107</u> .	
4921	(5) The division has authority to establish, either directly or by contract, programs of	
4922	advocacy, monitoring, evaluation, technical assistance, and public education to enhance the	
4923	quality of life for aging and adult citizens of the state.	
4924	(6) In accordance with the rules of the division and Title 63G, Chapter 6a, Utah	
4925	Procurement Code, the division may contract with:	
4926	(a) the governing body of an area agency to provide a comprehensive program of	
4927	services; or	
4928	(b) public and private entities for special services.	
4929	(7) The division has authority to provide for collection, compilation, and dissemination	
4930	of information, statistics, and reports relating to issues facing aging and adult citizens.	
4931	(8) The division has authority to prepare and submit reports regarding the operation	
4932	and administration of the division to the department, the Legislature, and the governor, as	
4933	requested.	
4934	(9) The division shall:	
4935	(a) implement and enforce policies established by the board governing all aspects of	
4936	the division's programs for aging and adult persons in the state;	
4937	(b) in order to ensure compliance with all applicable state and federal statutes, policies,	
4938	and procedures, monitor and evaluate programs provided by or under contract with:	
4939	(i) the division;	
4940	(ii) area agencies; and	
4941	(iii) an entity that receives funds from an area agency;	
4942	(c) examine expenditures of public funds;	

4943	(d) withhold funds from programs based on contract noncompliance;	
4944	(e) review and approve plans of area agencies in order to ensure:	
4945	(i) compliance with division policies; and	
4946	(ii) a statewide comprehensive program;	
4947	(f) in order to further programs for aging and adult persons and prevent duplication o	
4948	services, promote and establish cooperative relationships with:	
4949	(i) state and federal agencies;	
4950	(ii) social and health agencies;	
4951	(iii) education and research organizations; and	
4952	(iv) other related groups;	
4953	(g) advocate for the aging and adult populations;	
4954	(h) promote and conduct research on the problems and needs of aging and adult	
4955	persons;	
4956	(i) submit recommendations for changes in policies, programs, and funding to the:	
4957	(i) governor; and	
4958	(ii) Legislature; and	
4959	(j) (i) accept contributions to and administer the funds contained in the ["]Out and	
4960	About["] Homebound Transportation Assistance Fund created in Section [62A-3-110]	
4961	<u>26B-1-323</u> ; and	
4962	(ii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative	
4963	Rulemaking Act, to facilitate the administration of the ["]Out and About["] Homebound	
4964	Transportation Assistance Fund in accordance with Section [62A-3-110] 26B-1-323.	
4965	Section 124. Section 26B-6-105 , which is renumbered from Section 62A-3-104.1 is	
4966	renumbered and amended to read:	
4967	[62A-3-104.1]. <u>26B-6-105.</u> Powers and duties of area agencies	
4968	Registration as a limited purpose entity.	
4969	(1) An area agency that provides services to an aged person, or a high risk adult shall	

4970	within the area agency's respective jurisdiction:		
4971	(a) advocate by monitoring, evaluating, and providing input on all policies, programs,		
4972	hearings, and levies that affect a person described in this Subsection (1);		
4973	(b) design and implement a comprehensive and coordinated system of services within a		
4974	designated planning and service area;		
4975	(c) conduct periodic reviews and evaluations of needs and services;		
4976	(d) prepare and submit to the division plans for funding and service delivery for		
4977	services within the designated planning and service area;		
4978	(e) establish, either directly or by contract, programs licensed under Chapter 2,		
4979	[Licensure of] Part 1, Human Services Programs and Facilities;		
4980	(f) (i) appoint an area director;		
4981	(ii) prescribe the area director's duties; and		
4982	(iii) provide adequate and qualified staff to carry out the area plan described in		
4983	Subsection (1)(d);		
4984	(g) establish rules not contrary to policies of the board and rules of the division,		
4985	regulating local services and facilities;		
4986	(h) operate other services and programs funded by sources other than those		
4987	administered by the division;		
4988	(i) establish mechanisms to provide direct citizen input, including an area agency		
4989	advisory council with a majority of members who are eligible for services from the area		
4990	agency;		
4991	(j) establish fee schedules; and		
4992	(k) comply with the requirements and procedures of:		
4993	(i) Title 11, Chapter 13, Interlocal Cooperation Act; and		
4994	(ii) Title 51, Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal		
4995	Organizations, and Other Local Entities Act.		
4996	(2) Before disbursing any public funds, an area agency shall require that all entities		

199/	receiving any public funds agree in writing that:	
1998	(a) the division may examine the entity's program and financial records; and	
1999	(b) the auditor of the local area agency may examine and audit the entity's program and	
5000	financial records, if requested by the local area agency.	
5001	(3) An area agency on aging may not disburse public funds to a personal care attendant	
5002	as payment for personal services rendered to an aged person or high risk adult, except as	
5003	provided in Section [62A-3-104.3] <u>26B-6-107</u> .	
5004	(4) (a) For the purpose of providing services pursuant to this part, a local area agency	
5005	may receive:	
5006	(i) property;	
5007	(ii) grants;	
5008	(iii) gifts;	
5009	(iv) supplies;	
5010	(v) materials;	
5011	(vi) any benefit derived from the items described in Subsections (4)(a)(i) through (v);	
5012	and	
5013	(vii) contributions.	
5014	(b) If a gift is conditioned upon the gift's use for a specified service or program, the gift	
5015	shall be used for the specific service or program.	
5016	(5) (a) Area agencies shall award all public funds in compliance with:	
5017	(i) the requirements of Title 63G, Chapter 6a, Utah Procurement Code; or	
5018	(ii) a county procurement ordinance that requires procurement procedures similar to	
5019	those described in Subsection (5)(a)(i).	
5020	(b) (i) If all initial bids on a project are rejected, the area agency shall publish a new	
5021	invitation to bid.	
5022	(ii) If no satisfactory bid is received by the area agency described in Subsection	

(5)(b)(i), when the bids received from the second invitation are opened the area agency may

5024	execute a contract without requiring competitive bidding.		
5025	(c) (i) An area agency need not comply with the procurement provisions of this section		
5026	when it disburses public funds to another governmental entity.		
5027	(ii) For purposes of this Subsection (5)(c), "governmental entity" means any political		
5028	subdivision or institution of higher education of the state.		
5029	(d) (i) Contracts awarded by an area agency shall be for a:		
5030	(A) fixed amount; and		
5031	(B) limited period.		
5032	(ii) The contracts described in Subsection (5)(d)(i) may be modified due to changes in		
5033	available funding for the same contract purpose without competition.		
5034	(6) Local area agencies shall comply with:		
5035	(a) applicable state and federal:		
5036	(i) statutes;		
5037	(ii) policies; and		
5038	(iii) audit requirements; and		
5039	(b) directives resulting from an audit described in Subsection (6)(a)(iii).		
5040	(7) (a) Each area agency shall register and maintain the area agency's registration as a		
5041	limited purpose entity, in accordance with Section 67-1a-15.		
5042	(b) An area agency that fails to comply with Subsection (7)(a) or Section 67-1a-15 is		
5043	subject to enforcement by the state auditor, in accordance with Section 67-3-1.		
5044	Section 125. Section 26B-6-106, which is renumbered from Section 62A-3-104.2 is		
5045	renumbered and amended to read:		
5046	[62A-3-104.2]. 26B-6-106. Contracts for services.		
5047	When an area agency has established a plan to provide services authorized by this		
5048	chapter, and those services meet standards fixed by rules of the board, the area agency may		
5049	enter into a contract with the division for services to be furnished by that area agency for an		

5050

agreed compensation to be paid by the division.

5051	Section 126. Section 26B-6-107 , which is renumbered from Section 62A-3-104.3 is		
5052	renumbered and amended to read:		
5053	[62A-3-104.3]. 26B-6-107. Disbursal of public funds Background check of		
5054	a personal care attendant.		
5055	(1) [For purposes of] As used in this section, "office" means [the same as that term is		
5056	defined in Section 62A-2-101] Office of Licensing within the department.		
5057	(2) Public funds may not be disbursed to a personal care attendant as payment for		
5058	personal services rendered to an aged person or high risk adult unless the office approves the		
5059	personal care attendant to have direct access and provide services to children or vulnerable		
5060	adults pursuant to Section $\left[\frac{62A-2-120}{26B-2-120}\right]$		
5061	(3) For purposes of Subsection (2), the office shall conduct a background check of a		
5062	personal care attendant:		
5063	(a) who desires to receive public funds as payment for the personal services described		
5064	in Subsection (2); and		
5065	(b) using the same procedures established for a background check of an applicant for a		
5066	license under Section [62A-2-120] <u>26B-2-120</u> .		
5067	Section 127. Section 26B-6-108, which is renumbered from Section 62A-3-105 is		
5068	renumbered and amended to read:		
5069	[62A-3-105]. <u>26B-6-108.</u> Matching requirements for state and federal		
5070	Older American funds.		
5071	(1) Except as provided in Subsection (2), a local area agency on aging that receives		
5072	state or federal Older Americans Act Supportive Services, Older Americans Act Congregate		
5073	Meals, or Older Americans Act Home Delivered Meals related funds from the division to		
5074	provide programs and services under this chapter shall match those funds in an amount at least		
5075	equal to:		
5076	(a) 15% of service dollars; and		
5077	(b) 25% of administrative dollars		

5078	(2) A local area agency on aging is not required to match cash-in-lieu funds related to		
5079	the Home Delivered Meals program or congregate meals.		
5080	(3) A local area agency on aging may include services, property, or other in-kind		
5081	contributions to meet the administrative dollars match but may only use cash to meet the		
5082	service dollars match.		
5083	Section 128. Section 26B-6-109, which is renumbered from Section 62A-3-106 is		
5084	renumbered and amended to read:		
5085	[62A-3-106]. <u>26B-6-109.</u> Eligibility criteria.		
5086	Eligibility for services provided by the division directly or through contractual		
5087	arrangements shall be determined by criteria established by the division and approved by the		
5088	board.		
5089	Section 129. Section 26B-6-110 , which is renumbered from Section 62A-3-106.5 is		
5090	renumbered and amended to read:		
5091	[62A-3-106.5]. 26B-6-110. Agency responsible to investigate and provide		
5092	services.		
5093	(1) [For purposes of] As used in this section, "responsible agency" means the agency		
5094	responsible to investigate or provide services in a particular case under the rules established		
5095	under Subsection (2)(a).		
5096	(2) In order to avoid duplication in responding to a report of alleged abuse, neglect, or		
5097	exploitation of a vulnerable adult who resides in a long-term care facility, the division shall		
5098	make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,		
5099	that establish procedures to:		
5100	(a) determine whether Adult Protective Services or the Long-Term Care Ombudsman		
5101	Program will be responsible to investigate or provide services in a particular case; and		
5102	(b) determine whether, and under what circumstances, the agency described in		
5103	Subsection (2)(a) that is not the responsible agency will provide assistance to the responsible		
5104	agency in a particular case.		

5105	(3) Notwithstanding Subsection (2), or the rules made pursuant to Subsection (2),		
5106	Adult Protective Services shall be the agency within the division that is responsible for		
5107	receiving all reports of alleged abuse, neglect, or exploitation of a vulnerable adult as provided		
5108	in Section [62A-3-305] <u>26B-6-205</u> .		
5109	Section 130. Section 26B-6-111, which is renumbered from Section 62A-3-107 is		
5110	renumbered and amended to read:		
5111	[62A-3-107]. <u>26B-6-111.</u> Requirements for establishing division policy.		
5112	(1) The board is the program policymaking body for the division and for programs		
5113	funded with state and federal money under Sections [62A-3-104.1 and 62A-3-104.2]		
5114	<u>26B-6-105</u> and <u>26B-6-106</u> . In establishing policy and reviewing existing policy, the board		
5115	shall seek input from local area agencies, consumers, providers, advocates, division staff, and		
5116	other interested parties as determined by the board.		
5117	(2) The board shall establish, by rule, procedures for developing its policies which		
5118	ensure that local area agencies are given opportunity to comment and provide input on any new		
5119	policy of the board and on any proposed changes in the board's existing policy. The board		
5120	shall also provide a mechanism for review of its existing policy and for consideration of policy		
5121	changes that are proposed by those local area agencies.		
5122	(3) A member may not receive compensation or benefits for the member's service, but,		
5123	at the executive director's discretion, may receive per diem and travel expenses in accordance		
5124	with:		
5125	(a) Section 63A-3-106;		
5126	(b) Section 63A-3-107; and		
5127	(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and		
5128	63A-3-107.		
5129	Section 131. Section 26B-6-112, which is renumbered from Section 62A-3-107.5 is		
5130	renumbered and amended to read:		
5131	[62A-3-107.5]. 26B-6-112. Allocation of funds to acquire facilities.		

(1) (a) The board may make grants to local area agencies on aging to acquire facilities to provide community-based services for aged persons. Grants under this section shall be made solely from appropriations made to the division for implementation of this section.

- (b) Acquisition of a facility may include acquisition of real property, construction of a new facility, acquisition of an existing facility, or alteration, renovation, or improvement of an existing facility.
- (c) The local area agency may allocate grants received under this section to a local nonprofit or governmental agency that owns or operates a facility to provide community-based services for aged persons.
- (2) A local area agency on aging or the local nonprofit or governmental agency that owns or operates the facility and receives grant money from the area agency shall provide a matching contribution of at least 25% of the grant funds it receives under this section. A matching contribution may include funds, services, property, or other in-kind contributions.
 - (3) In making grants under this section, the board may consider:
- (a) the extent and availability of public and private funding to operate programs in the facility to be acquired and to provide for maintenance of that facility;
- (b) the need for community-based services in the geographical area served by the area agency on aging;
- (c) the availability of private and local funds to assist in acquisition, alteration, renovation, or improvement of the facility; and
- (d) the extent and level of support for acquisition of the facility from local government officials, private citizens, interest groups, and others.
- (4) Grants to local area agencies on aging and any local nonprofit or governmental agency that owns or operates a facility and receives grant money from the area agency under this section are subject to the oversight and control by the division described in Subsection [62A-3-104] 26B-6-104(8).
 - (5) It is the intent of the Legislature that the grants made under this section serve the

statewide purpose of providing support for senior citizens throughout the state, and that the		
grants shall be made to serve as effectively as possible the facilities in greatest need of		
assistance.		
Section 132. Section 26B-6-113, which is renumbered from Section 62A-3-108 is		
renumbered and amended to read:		
[62A-3-108]. <u>26B-6-113.</u> Allocation of funds to local area agencies		
Formulas.		
(1) (a) The board shall establish by rule formulas for allocating funds to local area		
agencies through contracts to provide programs and services in accordance with this part based		
on need.		
(b) Determination of need shall be based on the number of eligible persons located in		
the local area which the division is authorized to serve, unless federal regulations require		
otherwise or the board establishes, by valid and accepted data, that other defined factors are		
relevant and reliable indicators of need.		
(c) Formulas established by the board shall include a differential to compensate for		
additional costs of providing services in rural areas.		
(2) Formulas established under Subsection (1) shall be in effect on or before July 1,		
1998, and apply to all state and federal funds appropriated by the Legislature to the division for		
local area agencies, but does not apply to:		
(a) funds that local area agencies receive from sources other than the division;		
(b) funds that local area agencies receive from the division to operate a specific		
program within its jurisdiction which is available to all residents of the state;		
(c) funds that a local area agency receives from the division to meet a need that exists		
only within that local area; and		
(d) funds that a local area agency receives from the division for research projects.		
Section 133. Section 26B-6-114, which is renumbered from Section 62A-3-109 is		
renumbered and amended to read:		

5186	[62A-3-109].	26B-6-114. Adjudicative proceedings.
5187	Adjudicative proce	edings held by, or relating to, the division or the board shall comply
5188	with the procedures and requirements of Title 63G, Chapter 4, Administrative Procedures Act.	
5189	Section 134. Secti	on 26B-6-201 , which is renumbered from Section 62A-3-301 is
5190	renumbered and amended to read:	
5191	Part 2.	Abuse, Neglect, or Exploitation of a Vulnerable Adult
5192	[62A-3-301].	26B-6-201. Definitions.
5193	As used in this par	
5194	(1) "Abandonmen	" means any knowing or intentional action or failure to act,
5195	including desertion, by a p	erson acting as a caretaker for a vulnerable adult that leaves the
5196	vulnerable adult without the means or ability to obtain necessary food, clothing, shelter, or	
5197	medical or other health care.	
5198	(2) "Abuse" means	3:
5199	(a) knowingly or intentionally:	
5200	(i) attempting to cause harm;	
5201	(ii) causing harm; or	
5202	(iii) placing another in fear of harm;	
5203	(b) unreasonable of	or inappropriate use of physical restraint, medication, or isolation that
5204	causes or is likely to cause harm to a vulnerable adult;	
5205	(c) emotional or pa	sychological abuse;
5206	(d) a sexual offens	e as described in Title 76, Chapter 5, Offenses Against the
5207	Individual; or	
5208	(e) deprivation of	life sustaining treatment, or medical or mental health treatment,
5209	except:	
5210	(i) as provided in	Title 75, Chapter 2a, Advance Health Care Directive Act; or
5211	(ii) when informed	d consent, as defined in Section 76-5-111, has been obtained.
5212	(3) "Adult" means	an individual who is 18 years old or older

- (4) "Adult protection case file" means a record, stored in any format, contained in a case file maintained by Adult Protective Services.
- (5) "Adult Protective Services" means the unit within the division responsible to investigate abuse, neglect, and exploitation of vulnerable adults and provide appropriate protective services.
- (6) "Capacity to consent" means the ability of an individual to understand and communicate regarding the nature and consequences of decisions relating to the individual, and relating to the individual's property and lifestyle, including a decision to accept or refuse services.
- (7) "Caretaker" means a person or public institution that is entrusted with or assumes the responsibility to provide a vulnerable adult with care, food, shelter, clothing, supervision, medical or other health care, resource management, or other necessities for pecuniary gain, by contract, or as a result of friendship, or who is otherwise in a position of trust and confidence with a vulnerable adult, including a relative, a household member, an attorney-in-fact, a neighbor, a person who is employed or who provides volunteer work, a court-appointed or voluntary guardian, or a person who contracts or is under court order to provide care.
 - (8) "Counsel" means an attorney licensed to practice law in this state.
- (9) "Database" means the statewide database maintained by the division under Section [62A-3-311.1] 26B-6-210.
- (10) (a) "Dependent adult" means an individual 18 years old or older, who has a physical or mental impairment that restricts the individual's ability to carry out normal activities or to protect the individual's rights.
- (b) "Dependent adult" includes an individual who has physical or developmental disabilities or whose physical or mental capacity has substantially diminished because of age.
 - (11) "Elder abuse" means abuse, neglect, or exploitation of an elder adult.
 - (12) "Elder adult" means an individual 65 years old or older.
- 5239 (13) "Emergency" means a circumstance in which a vulnerable adult is at an immediate

5240 risk of death, serious physical injury, or serious physical, emotional, or financial harm. 5241 (14) "Emergency protective services" means measures taken by Adult Protective 5242 Services under time-limited, court-ordered authority for the purpose of remediating an 5243 emergency. 5244 (15) (a) "Emotional or psychological abuse" means knowing or intentional verbal or 5245 nonverbal conduct directed at a vulnerable adult that results in the vulnerable adult suffering 5246 mental anguish, emotional distress, fear, humiliation, degradation, agitation, or confusion. 5247 (b) "Emotional or psychological abuse" includes intimidating, threatening, isolating, 5248 coercing, or harassing. 5249 (c) "Emotional or psychological abuse" does not include verbal or non-verbal conduct 5250 by a vulnerable adult who lacks the capacity to intentionally or knowingly: 5251 (i) engage in the conduct; or 5252 (ii) cause mental anguish, emotional distress, fear, humiliation, degradation, agitation, 5253 or confusion. 5254 (16) "Exploitation" means an offense described in Section 76-5-111.3, 76-5-111.4, or 5255 76-5b-202. 5256 (17) "Harm" means pain, mental anguish, emotional distress, hurt, physical or psychological damage, physical injury, serious physical injury, suffering, or distress inflicted 5257 5258 knowingly or intentionally. 5259 (18) "Inconclusive" means a finding by the division that there is not a reasonable basis 5260 to conclude that abuse, neglect, or exploitation occurred. 5261 (19) "Intimidation" means communication through verbal or nonverbal conduct which 5262 threatens deprivation of money, food, clothing, medicine, shelter, social interaction, 5263 supervision, health care, or companionship, or which threatens isolation or abuse. 5264 (20) (a) "Isolation" means knowingly or intentionally preventing a vulnerable adult

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by court order, by:

from having contact with another person, unless the restriction of personal rights is authorized

5267	(i) preventing the vulnerable adult from communicating, visiting, interacting, or
5268	initiating interaction with others, including receiving or inviting visitors, mail, or telephone
5269	calls, contrary to the expressed wishes of the vulnerable adult, or communicating to a visitor
5270	that the vulnerable adult is not present or does not want to meet with or talk to the visitor,
5271	knowing that communication to be false;
5272	(ii) physically restraining the vulnerable adult in order to prevent the vulnerable adult
5273	from meeting with a visitor; or
5274	(iii) making false or misleading statements to the vulnerable adult in order to induce
5275	the vulnerable adult to refuse to receive communication from visitors or other family members
5276	(b) "Isolation" does not include an act:
5277	(i) intended in good faith to protect the physical or mental welfare of the vulnerable
5278	adult; or
5279	(ii) performed pursuant to the treatment plan or instructions of a physician or other
5280	professional advisor of the vulnerable adult.
5281	(21) "Lacks capacity to consent" is as defined in Section 76-5-111.4.
5282	(22) (a) "Neglect" means:
5283	(i) (A) failure of a caretaker to provide necessary care, including nutrition, clothing,
5284	shelter, supervision, personal care, or dental, medical, or other health care for a vulnerable
5285	adult, unless the vulnerable adult is able to provide or obtain the necessary care without
5286	assistance; or
5287	(B) failure of a caretaker to provide protection from health and safety hazards or
5288	maltreatment;
5289	(ii) failure of a caretaker to provide care to a vulnerable adult in a timely manner and
5290	with the degree of care that a reasonable person in a like position would exercise;
5291	(iii) a pattern of conduct by a caretaker, without the vulnerable adult's informed
5292	consent, resulting in deprivation of food, water, medication, health care, shelter, cooling,

heating, or other services necessary to maintain the vulnerable adult's well being;

5294	(iv) knowing or intentional failure by a caretaker to carry out a prescribed treatment
5295	plan that causes or is likely to cause harm to the vulnerable adult;
5296	(v) self-neglect by the vulnerable adult; or
5297	(vi) abandonment by a caretaker.
5298	(b) "Neglect" does not include conduct, or failure to take action, that is permitted or
5299	excused under Title 75, Chapter 2a, Advance Health Care Directive Act.
5300	(23) "Physical injury" includes the damage and conditions described in Section
5301	76-5-111.
5302	(24) "Protected person" means a vulnerable adult for whom the court has ordered
5303	protective services.
5304	(25) "Protective services" means services to protect a vulnerable adult from abuse,
5305	neglect, or exploitation.
5306	(26) "Self-neglect" means the failure of a vulnerable adult to provide or obtain food,
5307	water, medication, health care, shelter, cooling, heating, safety, or other services necessary to
5308	maintain the vulnerable adult's well being when that failure is the result of the adult's mental or
5309	physical impairment. Choice of lifestyle or living arrangements may not, by themselves, be
5310	evidence of self-neglect.
5311	(27) "Serious physical injury" is as defined in Section 76-5-111.
5312	(28) "Supported" means a finding by the division that there is a reasonable basis to
5313	conclude that abuse, neglect, or exploitation occurred.
5314	(29) "Undue influence" occurs when a person:
5315	(a) uses influence to take advantage of a vulnerable adult's mental or physical
5316	impairment; or
5317	(b) uses the person's role, relationship, or power:
5318	(i) to exploit, or knowingly assist or cause another to exploit, the trust, dependency, or
5319	fear of a vulnerable adult; or
5320	(ii) to gain control deceptively over the decision making of the vulnerable adult

5321	(30) "Vulnerable adult" means an elder adult, or a dependent adult who has a mental or
5322	physical impairment which substantially affects that person's ability to:
5323	(a) provide personal protection;
5324	(b) provide necessities such as food, shelter, clothing, or mental or other health care;
5325	(c) obtain services necessary for health, safety, or welfare;
5326	(d) carry out the activities of daily living;
5327	(e) manage the adult's own financial resources; or
5328	(f) comprehend the nature and consequences of remaining in a situation of abuse,
5329	neglect, or exploitation.
5330	(31) "Without merit" means a finding that abuse, neglect, or exploitation did not occur.
5331	Section 135. Section 26B-6-202, which is renumbered from Section 62A-3-302 is
5332	renumbered and amended to read:
5333	[62A-3-302]. <u>26B-6-202.</u> Purpose of Adult Protective Services Program.
5334	Subject to the rules made by the division under Section [62A-3-106.5] 26B-6-110,
5335	Adult Protective Services:
5336	(1) shall investigate or cause to be investigated reports of alleged abuse, neglect, or
5337	exploitation of vulnerable adults;
5338	(2) shall, where appropriate, provide short-term, limited protective services with the
5339	permission of the affected vulnerable adult or the guardian or conservator of the vulnerable
5340	adult;
5341	(3) shall, subject to Section [62A-3-320] 26B-6-217, provide emergency protective
5342	services; and
5343	(4) may make rules, in accordance with Title 63G, Chapter 3, Utah Administrative
5344	Rulemaking Act, and develop procedures and policies relating to:
5345	(a) reporting and investigating incidents of abuse, neglect, or exploitation; and
5346	(b) providing protective services to the extent that funds are appropriated by the
5347	Legislature for this purpose.

5348	Section 136. Section 26B-6-203 , which is renumbered from Section 62A-3-303 is
5349	renumbered and amended to read:
5350	[62A-3-303]. <u>26B-6-203.</u> Powers and duties of Adult Protective Services.
5351	In addition to all other powers and duties that Adult Protective Services is given under
5352	this part, Adult Protective Services:
5353	(1) shall maintain an intake system for receiving and screening reports;
5354	(2) shall investigate referrals that meet the intake criteria;
5355	(3) shall conduct assessments of vulnerability and functional capacity as it relates to an
5356	allegation of abuse, neglect, or exploitation of an adult who is the subject of a report;
5357	(4) shall perform assessments based on protective needs and risks for a vulnerable
5358	adult who is the subject of a report;
5359	(5) may address any protective needs by making recommendations to and coordinating
5360	with the vulnerable adult or by making referrals to community resources;
5361	(6) may provide short-term, limited services to a vulnerable adult when family or
5362	community resources are not available to provide for the protective needs of the vulnerable
5363	adult;
5364	(7) shall have access to facilities licensed by, or contracted with, the department [or the
5365	Department of Health] for the purpose of conducting investigations;
5366	(8) shall be given access to, or provided with, written statements, documents, exhibits,
5367	and other items related to an investigation, including private, controlled, or protected medical
5368	or financial records of a vulnerable adult who is the subject of an investigation if:
5369	(a) for a vulnerable adult who has the capacity to consent, the vulnerable adult signs a
5370	release of information; or
5371	(b) for a vulnerable adult who lacks capacity to consent, an administrative subpoena is
5372	issued by Adult Protective Services;
5373	(9) may initiate proceedings in a court of competent jurisdiction to seek relief
5374	necessary to carry out the provisions of this chapter;

3/3	(10) shall, subject to Section $\left[\frac{62A-3-320}{20B-6-21}\right]$, provide emergency protective
5376	services;
5377	(11) may require all persons, including family members of a vulnerable adult and any
5378	caretaker, to cooperate with Adult Protective Services in carrying out its duties under this
5379	chapter, including the provision of statements, documents, exhibits, and other items that assist
5380	Adult Protective Services in conducting investigations and providing protective services;
381	(12) may require all officials, agencies, departments, and political subdivisions of the
5382	state to assist and cooperate within their jurisdictional power with the court, the division, and
5383	Adult Protective Services in furthering the purposes of this chapter;
384	(13) may conduct studies and compile data regarding abuse, neglect, and exploitation;
385	and
386	(14) may issue reports and recommendations.
5387	Section 137. Section 26B-6-204, which is renumbered from Section 62A-3-304 is
5388	renumbered and amended to read:
5389	[62A-3-304]. <u>26B-6-204.</u> Cooperation by caretaker.
5390	A caretaker, facility, or other institution shall, regardless of the confidentiality standards
5391	of the caretaker, facility, or institution:
5392	(1) report abuse, neglect, or exploitation of a vulnerable adult in accordance with this
5393	chapter;
394	(2) cooperate with any Adult Protective Services investigation;
395	(3) provide Adult Protective Services with access to records or documents relating to
396	the vulnerable adult who is the subject of an investigation; or
5397	(4) provide evidence in any judicial or administrative proceeding relating to a
5398	vulnerable adult who is the subject of an investigation.
5399	Section 138. Section 26B-6-205 , which is renumbered from Section 62A-3-305 is
5400	renumbered and amended to read:
5401	[62A-3-305]. 26B-6-205. Reporting requirements Investigation

(1) Except as provided in Subsection (4), if an individual has reason to believe that a vulnerable adult is, or has been, the subject of abuse, neglect, or exploitation, the individual shall immediately report the suspected abuse, neglect, or exploitation to Adult Protective Services or to the nearest peace officer or law enforcement agency.

- (2) (a) If a peace officer or a law enforcement agency receives a report under Subsection (1), the peace officer or the law enforcement agency shall immediately notify Adult Protective Services.
- (b) Adult Protective Services and the peace officer or the law enforcement agency shall coordinate, as appropriate, efforts to investigate the report under Subsection (1) and to provide protection to the vulnerable adult.
- (3) When a report under Subsection (1), or a subsequent investigation by Adult Protective Services, indicates that a criminal offense may have occurred against a vulnerable adult:
- (a) Adult Protective Services shall notify the nearest local law enforcement agency regarding the potential offense; and
- (b) the law enforcement agency shall initiate an investigation in cooperation with Adult Protective Services.
- (4) Subject to Subsection (5), the reporting requirement described in Subsection (1) does not apply to:
- (a) a member of the clergy, with regard to any confession made to the member of the clergy while functioning in the ministerial capacity of the member of the clergy and without the consent of the individual making the confession, if:
 - (i) the perpetrator made the confession directly to the member of the clergy; and
- (ii) the member of the clergy is, under canon law or church doctrine or practice, bound to maintain the confidentiality of that confession; or
 - (b) an attorney, or an individual employed by the attorney, if knowledge of the

suspected abuse, neglect, or exploitation of a vulnerable adult arises from the representation of
a client, unless the attorney is permitted to reveal the suspected abuse, neglect, or exploitation
of the vulnerable adult to prevent reasonably certain death or substantial bodily harm in
accordance with Utah Rules of Professional Conduct, Rule 1.6.

- (5) (a) When a member of the clergy receives information about abuse, neglect, or exploitation of a vulnerable adult from any source other than confession of the perpetrator, the member of the clergy is required to report that information even though the member of the clergy may have also received information about abuse, neglect, or exploitation from the confession of the perpetrator.
- (b) Exemption of the reporting requirement for an individual described in Subsection (4) does not exempt the individual from any other efforts required by law to prevent further abuse, neglect, or exploitation of a vulnerable adult by the perpetrator.
- (6) (a) As used in this Subsection (6), "physician" means an individual licensed to practice as a physician or osteopath in this state under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act.
 - (b) The physician-patient privilege does not:
- (i) excuse a physician from reporting suspected abuse, neglect, or exploitation of a vulnerable adult under Subsection (1); or
- (ii) constitute grounds for excluding evidence regarding a vulnerable adult's injuries, or the cause of the vulnerable adult's injuries, in any judicial or administrative proceeding resulting from a report under Subsection (1).
- (7) (a) An individual who in good faith makes a report under Subsection (1), or who otherwise notifies Adult Protective Services or a peace officer or law enforcement agency, is immune from civil and criminal liability in connection with the report or notification.
- (b) A covered provider or covered contractor, as defined in Section [26-21-201] <u>26B-2-238</u>, that knowingly fails to report suspected abuse, neglect, or exploitation of a vulnerable adult to Adult Protective Services, or to the nearest peace officer or law

enforcement agency, under Subsection (1), is subject to a private right of action and liability for the abuse, neglect, or exploitation of a vulnerable adult that is committed by the individual who was not reported to Adult Protective Services or to the nearest peace officer or law enforcement agency.

- (c) This Subsection (7) does not provide immunity with respect to acts or omissions of a governmental employee except as provided in Title 63G, Chapter 7, Governmental Immunity Act of Utah.
- (8) If Adult Protective Services has substantial grounds to believe that an individual has knowingly failed to report suspected abuse, neglect, or exploitation of a vulnerable adult in accordance with this section, Adult Protective Services shall file a complaint with:
- (a) the Division of Professional Licensing if the individual is a health care provider, as defined in Section 80-2-603, or a mental health therapist, as defined in Section 58-60-102;
- (b) the appropriate law enforcement agency if the individual is a law enforcement officer, as defined in Section 53-13-103; and
- (c) the State Board of Education if the individual is an educator, as defined in Section 53E-6-102.
- (9) (a) An individual is guilty of a class B misdemeanor if the individual willfully fails to report suspected abuse, neglect, or exploitation of a vulnerable adult to Adult Protective Services, or to the nearest peace officer or law enforcement agency under Subsection (1).
- (b) If an individual is convicted under Subsection (9)(a), the court may order the individual, in addition to any other sentence the court imposes, to:
 - (i) complete community service hours; or

- (ii) complete a program on preventing abuse, neglect, and exploitation of vulnerable adults.
- (c) In determining whether it would be appropriate to charge an individual with a violation of Subsection (9)(a), the prosecuting attorney shall take into account whether a reasonable individual would not have reported suspected abuse, neglect, or exploitation of a

vulnerable adult because reporting would have placed the individual in immediate da	inger of
death or serious bodily injury.	

- (d) Notwithstanding any contrary provision of law, a prosecuting attorney may not use an individual's violation of Subsection (9)(a) as the basis for charging the individual with another offense.
- (e) A prosecution for failure to report under Subsection (9)(a) shall be commenced within two years after the day on which the individual had knowledge of the suspected abuse, neglect, or exploitation and willfully failed to report.
- (10) Under circumstances not amounting to a violation of Section 76-8-508, an individual is guilty of a class B misdemeanor if the individual threatens, intimidates, or attempts to intimidate a vulnerable adult who is the subject of a report under Subsection (1), the individual who made the report under Subsection (1), a witness, or any other person cooperating with an investigation conducted in accordance with this chapter.
- (11) An adult is not considered abused, neglected, or a vulnerable adult for the reason that the adult has chosen to rely solely upon religious, nonmedical forms of healing in lieu of medical care.
- Section 139. Section **26B-6-206**, which is renumbered from Section 62A-3-307 is renumbered and amended to read:

5501 [62A-3-307]. 26B-6-206. Photographing, video, and audio taping.

Law enforcement or Adult Protective Services investigators may collect evidence regarding alleged abuse, neglect, or exploitation of a vulnerable adult by taking, or causing to be taken, photographs, video tape recordings, or audio or video tape accounts of a vulnerable adult, if the vulnerable adult:

- (1) consents to the taking of the photographs, video tape recordings, or audio or video tape accounts; or
 - (2) lacks the capacity to give the consent described in Subsection (1).
- Section 140. Section **26B-6-207**, which is renumbered from Section 62A-3-308 is

5510	renumbered and amended to read:
5511	[62A-3-308]. <u>26B-6-207.</u> Peace officer's authority to transport
5512	Notification.
5513	(1) A peace officer may remove and transport, or cause to have transported, a
5514	vulnerable adult to an appropriate medical or shelter facility, if:
5515	(a) the officer has probable cause to believe that:
5516	(i) by reason of abuse, neglect, or exploitation there exist exigent circumstances; and
5517	(ii) the vulnerable adult will suffer serious physical injury or death if not immediately
5518	placed in a safe environment;
5519	(b) the vulnerable adult refuses to consent or lacks capacity to consent; and
5520	(c) there is not time to notify interested parties or to apply for a warrant or other court
5521	order.
5522	(2) A peace officer described in Subsection (1) shall, within four hours after a
5523	vulnerable adult is transported to an appropriate medical or shelter facility:
5524	(a) notify Adult Protective Services intake; and
5525	(b) request that Adult Protective Services or the division file a petition with the court
5526	for an emergency protective order.
5527	Section 141. Section 26B-6-208, which is renumbered from Section 62A-3-309 is
5528	renumbered and amended to read:
5529	[62A-3-309]. <u>26B-6-208.</u> Enforcement by division Duty of county or
5530	district attorney.
5531	(1) It is the duty of the county or district attorney, as appropriate under Sections
5532	17-18a-202 and 17-18a-203, to:
5533	(a) assist and represent the division;
5534	(b) initiate legal proceedings to protect vulnerable adults; and
5535	(c) take appropriate action to prosecute the alleged offenders.
5536	(2) If the county or district attorney fails to act upon the request of the division to

5537	provide legal assistance within five business days after the day on which the request is made:
5538	(a) the division may request the attorney general to act; and
5539	(b) the attorney general may, in the attorney general's discretion, assume the
5540	responsibilities and carry the action forward in place of the county or district attorney.
5541	Section 142. Section 26B-6-209, which is renumbered from Section 62A-3-311 is
5542	renumbered and amended to read:
5543	[62A-3-311]. <u>26B-6-209.</u> Requests for records.
5544	(1) Requests for records maintained by Adult Protective Services shall be made in
5545	writing to Adult Protective Services.
5546	(2) Classification and disclosure of records shall be made in accordance with Title
5547	63G, Chapter 2, Government Records Access and Management Act.
5548	Section 143. Section 26B-6-210, which is renumbered from Section 62A-3-311.1 is
5549	renumbered and amended to read:
5550	[62A-3-311.1]. 26B-6-210. Statewide database Restricted use and access.
5551	(1) The division shall maintain a database for reports of vulnerable adult abuse,
5552	neglect, or exploitation made pursuant to this part.
5553	(2) The database shall include:
5554	(a) the names and identifying data of the alleged abused, neglected, or exploited
5555	vulnerable adult and the alleged perpetrator;
5556	(b) information regarding whether or not the allegation of abuse, neglect, or
5557	exploitation was found to be:
5558	(i) supported;
5559	(ii) inconclusive;
5560	(iii) without merit; or
5561	(iv) for reports for which the finding is made before May 5, 2008:
5562	(A) substantiated; or
5563	(B) unsubstantiated; and

5564	(c) any other information that may be helpful in furthering the purposes of this part, as
5565	determined by the division.
5566	(3) Information obtained from the database may be used only:
5567	(a) for statistical summaries compiled by the department that do not include names or
5568	other identifying data;
5569	(b) where identification of an individual as a perpetrator may be relevant in a
5570	determination regarding whether to grant or deny a license, privilege, or approval made by:
5571	(i) the department;
5572	(ii) the Division of Professional Licensing;
5573	[(iii) the Bureau of Licensing, within the Department of Health;]
5574	(iii) the Division of Licensing and Background Checks within the department;
5575	(iv) the Bureau of Emergency Medical Services and Preparedness, within the
5576	[Department of Health] department, or a designee of the Bureau of Emergency Medical
5577	Services and Preparedness;
5578	(v) any government agency specifically authorized by statute to access or use the
5579	information in the database; or
5580	(vi) an agency of another state that performs a similar function to an agency described
5581	in Subsections (3)(b)(i) through (iv); or
5582	(c) as otherwise specifically provided by law.
5583	Section 144. Section 26B-6-211, which is renumbered from Section 62A-3-311.5 is
5584	renumbered and amended to read:
5585	[62A-3-311.5]. 26B-6-211. Notice of supported finding Procedure for
5586	challenging finding Limitations.
5587	(1) (a) Except as provided in Subsection (1)(b), within 15 days after the day on which
5588	the division makes a supported finding that a person committed abuse, neglect, or exploitation
5589	of a vulnerable adult, the division shall serve the person with a notice of agency action, in
5590	accordance with Subsections (2) and (3)

5591	(b) The division may serve the notice described in Subsection (1)(a) within a
5592	reasonable time after the 15 day period described in Subsection (1)(a) if:
5593	(i) the delay is necessary in order to:
5594	(A) avoid impeding an ongoing criminal investigation or proceeding; or
5595	(B) protect the safety of a person; and
5596	(ii) the notice is provided before the supported finding is used as a basis to deny the
5597	person a license or otherwise adversely impact the person.
5598	(2) The division shall cause the notice described in Subsection (1)(a) to be served by
5599	personal service or certified mail.
5600	(3) The notice described in Subsection (1)(a) shall:
5601	(a) indicate that the division has conducted an investigation regarding alleged abuse,
5602	neglect, or exploitation of a vulnerable adult by the alleged perpetrator;
5603	(b) indicate that, as a result of the investigation described in Subsection (3)(a), the
5604	division made a supported finding that the alleged perpetrator committed abuse, neglect, or
5605	exploitation of a vulnerable adult;
5606	(c) include a summary of the facts that are the basis for the supported finding;
5607	(d) indicate that the supported finding may result in disqualifying the person from:
5608	(i) being licensed, certified, approved, or employed by a government agency;
5609	(ii) being employed by a service provider, person, or other entity that contracts with, or
5610	is licensed by, a government agency; or
5611	(iii) qualifying as a volunteer for an entity described in Subsection (3)(d)(i) or (ii);
5612	(e) indicate that, as a result of the supported finding, the alleged perpetrator's
5613	identifying information is listed in the database;
5614	(f) indicate that the alleged perpetrator may request a copy of the report of the alleged
5615	abuse, neglect, or exploitation; and
5616	(g) inform the alleged perpetrator of:
5617	(i) the right described in Subsection (4)(a); and

5618	(ii) the consequences of failing to exercise the right described in Subsection (4)(a) in a
5619	timely manner.
5620	(4) (a) The alleged perpetrator has the right, within 30 days after the day on which the
5621	notice described in Subsection (1)(a) is served, to challenge the supported finding by filing a
5622	request for an informal adjudicative proceeding, under Title 63G, Chapter 4, Administrative
5623	Procedures Act.
5624	(b) If the alleged perpetrator fails to file a request for an informal adjudicative
5625	proceeding within the time described in Subsection (4)(a), the supported finding will become
5626	final and will not be subject to challenge or appeal.
5627	(5) At the hearing described in Subsection (4)(a), the division has the burden of
5628	proving, by a preponderance of the evidence, that the alleged perpetrator committed abuse,
5629	neglect, or exploitation of a vulnerable adult.
5630	(6) Notwithstanding any provision of this section, an alleged perpetrator described in
5631	this section may not challenge a supported finding if a court of competent jurisdiction entered a
5632	finding in a proceeding to which the alleged perpetrator was a party, that the alleged perpetrator
5633	committed the abuse, neglect, or exploitation of a vulnerable adult, upon which the supported
5634	finding is based.
5635	(7) A person who was listed in the database as a perpetrator before May 5, 2008, and
5636	who did not have an opportunity to challenge the division's finding that resulted in the listing,
5637	may at any time:
5638	(a) request that the division reconsider the division's finding; or
5639	(b) request an informal adjudicative proceeding, under Title 63G, Chapter 4,
5640	Administrative Procedures Act, to challenge the finding.
5641	Section 145. Section 26B-6-212, which is renumbered from Section 62A-3-312 is
5642	renumbered and amended to read:
5643	[62A-3-312]. 26B-6-212. Access to information in database.

The database and the adult protection case file:

0645	(1) shall be made available to law enforcement agencies, the attorney general's office,
5646	city attorneys, the Division of Professional Licensing, and county or district attorney's offices;
5647	(2) shall be released as required under Subsection 63G-2-202(4)(c); and
5648	(3) may be made available, at the discretion of the division, to:
5649	(a) subjects of a report as follows:
5650	(i) a vulnerable adult named in a report as a victim of abuse, neglect, or exploitation, or
5651	that adult's attorney or legal guardian; and
5652	(ii) a person identified in a report as having abused, neglected, or exploited a
5653	vulnerable adult, or that person's attorney; and
5654	(b) persons involved in an evaluation or assessment of the vulnerable adult as follows:
5655	(i) an employee or contractor of the department who is responsible for the evaluation or
5656	assessment of an adult protection case file;
5657	(ii) a multidisciplinary team approved by the division to assist Adult Protective
5658	Services in the evaluation, assessment, and disposition of a vulnerable adult case;
5659	(iii) an authorized person or agency providing services to, or responsible for, the care,
5660	treatment, assessment, or supervision of a vulnerable adult named in the report as a victim,
5661	when in the opinion of the division, that information will assist in the protection of, or provide
5662	other benefits to, the victim;
5663	(iv) a licensing authority for a facility, program, or person providing care to a victim
5664	named in a report; and
5665	(v) legally authorized protection and advocacy agencies when they represent a victim
5666	or have been requested by the division to assist on a case, including:
5667	(A) the Office of Public Guardian, created in Section [62A-14-103] 26B-6-302; and
5668	(B) the Long-Term Care Ombudsman Program, created in Section [62A-3-203]
5669	<u>26B-2-303</u> .
5670	Section 146. Section 26B-6-213, which is renumbered from Section 62A-3-314 is
5671	renumbered and amended to read:

5672		[62A-3-314].	<u>26B-6-213.</u>	Private right of action	Estate asset A	Attorney
5673	fees.					

- (1) A vulnerable adult who suffers harm or financial loss as a result of exploitation has a private right of action against the perpetrator.
- (2) Upon the death of a vulnerable adult, any cause of action under this section shall constitute an asset of the estate of the vulnerable adult.
- (3) If the plaintiff prevails in an action brought under this section, the court may order that the defendant pay the costs and reasonable attorney fees of the plaintiff.
- (4) If the defendant prevails in an action brought under this section, the court may order that the plaintiff pay the costs and reasonable attorney fees of the defendant, if the court finds that the action was frivolous, unreasonable, or taken in bad faith.
- Section 147. Section **26B-6-214**, which is renumbered from Section 62A-3-315 is renumbered and amended to read:

[62A-3-315]. 26B-6-214. Protective services voluntary unless court ordered.

- (1) Vulnerable adults who receive protective services under this part shall do so knowingly or voluntarily or upon district court order.
- (2) Protective services may be provided without a court order for a vulnerable adult who has the capacity to consent and who requests or knowingly or voluntarily consents to those services. Protective services may also be provided for a vulnerable adult whose guardian or conservator with authority to consent does consent to those services. When short-term, limited protective services are provided, the division and the recipient, or the recipient's guardian or conservator, shall execute a written agreement setting forth the purposes and limitations of the services to be provided. If consent is subsequently withdrawn by the recipient, the recipient's guardian or conservator, or the court, services, including any investigation, shall cease.
- (3) A court may order emergency protective services to be provided to a vulnerable adult who does not consent or who lacks capacity to consent to protective services in

5699	accordance with Section [62A-3-320] <u>26B-6-217</u> .
5700	Section 148. Section 26B-6-215, which is renumbered from Section 62A-3-316 is
5701	renumbered and amended to read:
5702	[62A-3-316]. <u>26B-6-215.</u> Costs incurred in providing of protective
5703	services.
5704	Costs incurred in providing protective services are the responsibility of the vulnerable
5705	adult when:
5706	(1) the vulnerable adult is financially able to pay for those services, according to rates
5707	established by the division, and that payment is provided for as part of the written agreement
5708	for services described in Section [62A-3-315] 26B-6-214;
5709	(2) the vulnerable adult to be protected is eligible for those services from another
5710	governmental agency; or
5711	(3) the court appoints a guardian or conservator and orders that the costs be paid from
5712	the vulnerable adult's estate.
5713	Section 149. Section 26B-6-216, which is renumbered from Section 62A-3-317 is
5714	renumbered and amended to read:
5715	[62A-3-317]. 26B-6-216. Venue for protective services proceedings.
5716	Venue for all proceedings related to protective services and emergency protective
5717	services under this [chapter] part is in the county where the vulnerable adult resides or is
5718	present.
5719	Section 150. Section 26B-6-217, which is renumbered from Section 62A-3-320 is
5720	renumbered and amended to read:
5721	[62A-3-320]. <u>26B-6-217.</u> Emergency protective services Forcible entry.
5722	(1) Adult Protective Services shall, immediately upon court order, provide emergency
5723	protective services to a court-designated vulnerable adult.
5724	(2) A court may, without notice, order emergency protective services immediately upon
5725	receipt of a petition for emergency protective services when a court finds that:

5726	(a) the subject of the petition is a vulnerable adult;
5727	(b) (i) the vulnerable adult does not have a court-appointed guardian or conservator; or
5728	(ii) the guardian or conservator is not effectively performing the guardian's or
5729	conservator's duties;
5730	(c) an emergency exists; and
5731	(d) the welfare, safety, or best interests of the vulnerable adult requires emergency
5732	protective services.
5733	(3) An emergency protective services order shall specifically designate the services that
5734	are approved and the facts that support the provision of those services.
5735	(4) Services authorized in an emergency protective services order may include
5736	hospitalization, nursing, custodial care, or a change in residence.
5737	(5) An emergency protective services order expires five business days after the day on
5738	which the court issues the order unless an appropriate party petitions for temporary
5739	guardianship pursuant to Section 75-5-310 or the division files a new petition for an emergency
5740	services order.
5741	(6) If a petition for guardianship or an additional emergency protective services petition
5742	is filed within five business days after the day on which the court issues the original emergency
5743	protective services order, a court may extend the duration of the original order an additional 15
5744	business days after the day on which the subsequent petition is filed to allow for a court hearing
5745	on the petition.
5746	(7) To implement an emergency protective services order, a court may authorize
5747	forcible entry by a peace officer into the premises where the vulnerable adult may be found.
5748	Section 151. Section 26B-6-218, which is renumbered from Section 62A-3-321 is
5749	renumbered and amended to read:
5750	[62A-3-321]. 26B-6-218. Petition for injunctive relief when caretaker
5751	refuses to allow protective services.
5752	(1) When a vulnerable adult is in need of protective services and the caretaker refuses

[62A-14-102].

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5753	to allow the provision of those services, the division may petition the court for injunctive relief
5754	prohibiting the caretaker from interfering with the provision of protective services.
5755	(2) The division's petition under Subsection (1) shall allege facts sufficient to show that
5756	the vulnerable adult is in need of protective services, that the vulnerable adult either consents
5757	or lacks capacity to consent to those services, and that the caretaker refuses to allow the
5758	provision of those services.
5759	(3) The court may, on appropriate findings and conclusions in accordance with Rule
5760	65A, Utah Rules of Civil Procedure, issue an order enjoining the caretaker from interfering
5761	with the provision of protective services.
5762	(4) The petition under Subsection (1) may be joined with a petition under Section
5763	[62A-3-320] <u>26B-6-217</u> .
5764	Section 152. Section 26B-6-219, which is renumbered from Section 62A-3-322 is
5765	renumbered and amended to read:
5766	[62A-3-322]. <u>26B-6-219.</u> Medical cannabis use by a vulnerable adult or
5767	guardian.
5768	A peace officer or an employee or agent of the division may not solicit or provide, and a
5769	court may not order, emergency services for a vulnerable adult based solely on:
5770	(1) the vulnerable adult's possession or use of cannabis in accordance with [Title 26,
5771	Chapter 61a, Utah Medical Cannabis Act] Chapter 4, Part 2, Cannabinoid Research and
5772	Medical Cannabis; or
5773	(2) the guardian of the vulnerable adult assisting with the use of or possessing cannabis
5774	in accordance with [Title 26, Chapter 61a, Utah Medical Cannabis Act] Chapter 4, Part 2,
5775	Cannabinoid Research and Medical Cannabis.
5775	Camabiliota Research and Wedicar Camabis.
5776	Section 153. Section 26B-6-301 , which is renumbered from Section 62A-14-102 is

26B-6-301. Definitions.

5780	As used in this [chapter] <u>part</u> :
5781	(1) "Conservator" is as defined in Section 75-1-201.
5782	(2) "Court" is as defined in Section 75-1-201.
5783	(3) "Estate" is as defined in Section 75-1-201.
5784	(4) "Guardian" is as defined in Section 75-1-201.
5785	(5) "Incapacitated" means a person who has been determined by a court, pursuant to
5786	Section 75-5-303, to be incapacitated, as defined in Section 75-1-201, after the office has
5787	determined that the person is 18 years of age or older and suffers from a mental or physical
5788	impairment as part of the prepetition assessment in Section [62A-14-107] 26B-6-305.
5789	(6) "Office" means the Office of Public Guardian.
5790	(7) "Property" is as defined in Section 75-1-201.
5791	(8) "Ward" means an incapacitated person for whom the office has been appointed as
5792	guardian or conservator.
5793	Section 154. Section 26B-6-302, which is renumbered from Section 62A-14-103 is
5794	renumbered and amended to read:
5795	[62A-14-103]. <u>26B-6-302.</u> Office of Public Guardian Creation.
5796	(1) There is created within the department the Office of Public Guardian which has the
5797	powers and duties provided in this [chapter] part.
5798	(2) The office is under the administrative and general supervision of the executive
5799	director.
5800	Section 155. Section 26B-6-303, which is renumbered from Section 62A-14-104 is
5801	renumbered and amended to read:
5802	[62A-14-104]. <u>26B-6-303.</u> Director of the office Appointment
5803	Qualifications.
5804	(1) The director of the office shall be appointed by the executive director.
5805	(2) The director shall have a bachelor's degree from an accredited university or college

be experienced in administration, and be knowledgeable in matters concerning guardianship

5807	and conservatorship.
5808	(3) The director is the administrative head of the office.
5809	Section 156. Section 26B-6-304, which is renumbered from Section 62A-14-105 is
5810	renumbered and amended to read:
5811	[62A-14-105]. 26B-6-304. Powers and duties of the office.
5812	(1) The office shall:
5813	(a) develop and operate a statewide program to:
5814	(i) educate the public about the role and function of guardians and conservators;
5815	(ii) educate guardians and conservators on:
5816	(A) the duties of a guardian and a conservator; and
5817	(B) standards set by the National Guardianship Association for guardians and
5818	conservators; and
5819	(iii) serve as a guardian, conservator, or both for a ward upon appointment by a court
5820	when no other person is able and willing to do so and the office petitioned for or agreed in
5821	advance to the appointment;
5822	(b) possess and exercise all the powers and duties specifically given to the office by
5823	virtue of being appointed as guardian or conservator of a ward, including the power to access a
5824	ward's records;
5825	(c) review and monitor the personal and, if appropriate, financial status of each ward
5826	for whom the office has been appointed to serve as guardian or conservator;
5827	(d) train and monitor each employee and volunteer, and monitor each contract provider
5828	to whom the office has delegated a responsibility for a ward;
5829	(e) retain all court-delegated powers and duties for a ward;
5830	(f) report on the personal and financial status of a ward as required by a court in
5831	accordance with Title 75, Chapter 5, Protection of Persons Under Disability and Their
5832	Property;
5833	(g) handle a ward's funds in accordance with the department's trust account system;

5834	(h) request that the department's audit plan, established pursuant to Section 63I-5-401,
5835	include the requirement of an annual audit of all funds and property held by the office on behalf
5836	of wards;
5837	(i) maintain accurate records concerning each ward, the ward's property, and office
5838	services provided to the ward;
5839	(j) make reasonable and continuous efforts to find a family member, friend, or other
5840	person to serve as a ward's guardian or conservator;
5841	(k) after termination as guardian or conservator, distribute a ward's property in
5842	accordance with Title 75, Chapter 5, Protection of Persons Under Disability and Their
5843	Property; and
5844	(l) submit recommendations for changes in state law and funding to the governor and
5845	the Legislature and report to the governor and Legislature, upon request.
5846	(2) The office may:
5847	(a) petition a court pursuant to Title 75, Chapter 5, Protection of Persons Under
5848	Disability and Their Property, to be appointed an incapacitated person's guardian, conservator,
5849	or both after conducting a prepetition assessment under Section [62A-14-107] 26B-6-305;
5850	(b) develop and operate a statewide program to recruit, train, supervise, and monitor
5851	volunteers to assist the office in providing guardian and conservator services;
5852	(c) delegate one or more responsibilities for a ward to an employee, volunteer, or
5853	contract provider, except as provided in Subsection [62A-14-107] 26B-6-305(1);
5854	(d) solicit and receive private donations to provide guardian and conservator services
5855	under this [chapter] part; and
5856	(e) adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative
5857	Rulemaking Act, to:
5858	(i) effectuate policy; and
5859	(ii) carry out the office's role as guardian and conservator of wards as provided in this
5860	chapter.

5861	Section 157. Section 26B-6-305 , which is renumbered from Section 62A-14-107 is
5862	renumbered and amended to read:
5863	[62A-14-107]. 26B-6-305. Prepetition assessment and plan.
5864	(1) Before the office may file a petition in court to be appointed guardian or
5865	conservator of a person, the office shall:
5866	(a) conduct a face-to-face needs assessment, by someone other than a volunteer, to
5867	determine whether the person suffers from a mental or physical impairment that renders the
5868	person substantially incapable of:
5869	(i) caring for his personal safety;
5870	(ii) managing his financial affairs; or
5871	(iii) attending to and providing for such necessities as food, shelter, clothing, and
5872	medical care, to the extent that physical injury or illness may result;
5873	(b) assess the financial resources of the person based on information supplied to the
5874	office at the time of assessment;
5875	(c) inquire and, if appropriate, search to determine whether any other person may be
5876	willing and able to serve as the person's guardian or conservator; and
5877	(d) determine the form of guardianship or conservatorship to request of a court, if any,
5878	giving preference to the least intensive form of guardianship or conservatorship, consistent
5879	with the best interests of the person.
5880	(2) The office shall prepare an individualized guardianship or conservator plan for each
5881	ward within 60 days of appointment.
5882	Section 158. Section 26B-6-306, which is renumbered from Section 62A-14-108 is
5883	renumbered and amended to read:
5884	[62A-14-108]. <u>26B-6-306.</u> Office volunteers.
5885	(1) A person who desires to be an office volunteer shall:
5886	(a) possess demonstrated personal characteristics of honesty, integrity, compassion,
5887	and concern for incapacitated persons; and

5888	(b) upon request, submit information for a background check pursuant to Section
5889	26B-1-211.
5890	(2) An office volunteer may not receive compensation or benefits, but may be
5891	reimbursed by the office for expenses actually and reasonably incurred, consistent with Title
5892	67, Chapter 20, Volunteer Government Workers Act.
5893	(3) An office volunteer is immune from civil liability pursuant to Title 63G, Chapter 8,
5894	Immunity for Persons Performing Voluntary Services Act.
5895	Section 159. Section 26B-6-307, which is renumbered from Section 62A-14-109 is
5896	renumbered and amended to read:
5897	[62A-14-109]. 26B-6-307. Contract for services.
5898	(1) In accordance with Title 63G, Chapter 6a, Utah Procurement Code, the office may
5899	contract with one or more providers to perform guardian and conservator duties.
5900	(2) The office shall review and monitor the services provided by a contract provider to
5901	a ward for whom the office has been appointed guardian or conservator.
5902	Section 160. Section 26B-6-308, which is renumbered from Section 62A-14-110 is
5903	renumbered and amended to read:
5904	[62A-14-110]. $26B-6-308$. Court, legal, and other costs.
5905	(1) The office may not be appointed as the guardian or conservator of a person unless
5906	the office petitioned for or agreed in advance to the appointment.
5907	(2) Except as provided in Subsection (4), the court shall order the ward or the ward's
5908	estate to pay for the cost of services rendered under this chapter, including court costs and
5909	reasonable [attorneys'] attorney fees.
5910	(3) If the office recovers [attorneys'] attorney fees under Subsection (2), the office shall
5911	transmit those fees to the attorneys who represented the ward or the office in connection with

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the ward's case.

(4) If a ward is indigent, the office shall provide guardian and conservator services free

of charge and shall make reasonable efforts to secure pro bono legal services for the ward.

5915	(5) Under no circumstances may court costs or [attorneys] attorney fees be assessed to
5916	the office.
5917	Section 161. Section 26B-6-309, which is renumbered from Section 62A-14-111 is
5918	renumbered and amended to read:
5919	[62A-14-111]. 26B-6-309. Duty of the county attorney or district attorney.
5920	(1) The attorney general shall advise the office on legal matters and represent the office
5921	in legal proceedings.
5922	(2) Upon the request of the attorney general, a county attorney may represent the office
5923	in connection with the filing of a petition for appointment as guardian or conservator of an
5924	incapacitated person and with routine, subsequent appearances.
5925	Section 162. Section 26B-6-401, which is renumbered from Section 62A-5-101 is
5926	renumbered and amended to read:
5927	Part 4. Division of Services for People with Disabilities
5928	[62A-5-101]. <u>26B-6-401.</u> Definitions.
5929	As used in this [chapter] part:
5930	(1) "Approved provider" means a person approved by the division to provide
5931	home-based services.
5932	(2) "Board" means the Utah State Developmental Center Board created under Section
5933	[62A-5-202.5] <u>26B-1-429</u> .
5934	(3) (a) "Brain injury" means an acquired injury to the brain that is neurological in
5935	nature, including a cerebral vascular accident.
5936	(b) "Brain injury" does not include a deteriorating disease.
5937	(4) "Designated intellectual disability professional" means:
5938	(a) a psychologist licensed under Title 58, Chapter 61, Psychologist Licensing Act,
5939	who:
5940	(i) (A) has at least one year of specialized training in working with persons with an
5941	intellectual disability; or

5942	(B) has at least one year of clinical experience with persons with an intellectual
5943	disability; and
5944	(ii) is designated by the division as specially qualified, by training and experience, in
5945	the treatment of an intellectual disability; or
5946	(b) a clinical social worker, certified social worker, marriage and family therapist, or
5947	professional counselor, licensed under Title 58, Chapter 60, Mental Health Professional
5948	Practice Act, who:
5949	(i) has at least two years of clinical experience with persons with an intellectual
5950	disability; and
5951	(ii) is designated by the division as specially qualified, by training and experience, in
5952	the treatment of an intellectual disability.
5953	(5) "Deteriorating disease" includes:
5954	(a) multiple sclerosis;
5955	(b) muscular dystrophy;
5956	(c) Huntington's chorea;
5957	(d) Alzheimer's disease;
5958	(e) ataxia; or
5959	(f) cancer.
5960	(6) "Developmental center" means the Utah State Developmental Center, established in
5961	accordance with Part [2] 5, Utah State Developmental Center.
5962	(7) "Director" means the director of the Division of Services for People with
5963	Disabilities.
5964	(8) "Direct service worker" means a person who provides services to a person with a
5965	disability:
5966	(a) when the services are rendered in:
5967	(i) the physical presence of the person with a disability; or
5968	(ii) a location where the person rendering the services has access to the physical

5969	presence of the person with a disability; and
5970	(b) (i) under a contract with the division;
5971	(ii) under a grant agreement with the division; or
5972	(iii) as an employee of the division.
5973	(9) (a) "Disability" means a severe, chronic disability that:
5974	(i) is attributable to:
5975	(A) an intellectual disability;
5976	(B) a condition that qualifies a person as a person with a related condition, as defined
5977	in 42 C.F.R. <u>Sec.</u> 435.1010;
5978	(C) a physical disability; or
5979	(D) a brain injury;
5980	(ii) is likely to continue indefinitely;
5981	(iii) (A) for a condition described in Subsection (9)(a)(i)(A), (B), or (C), results in a
5982	substantial functional limitation in three or more of the following areas of major life activity:
5983	(I) self-care;
5984	(II) receptive and expressive language;
5985	(III) learning;
5986	(IV) mobility;
5987	(V) self-direction;
5988	(VI) capacity for independent living; or
5989	(VII) economic self-sufficiency; or
5990	(B) for a condition described in Subsection (9)(a)(i)(D), results in a substantial
5991	limitation in three or more of the following areas:
5992	(I) memory or cognition;
5993	(II) activities of daily life;
5994	(III) judgment and self-protection;
5995	(IV) control of emotions;

5996	(V) communication;
5997	(VI) physical health; or
5998	(VII) employment; and
5999	(iv) requires a combination or sequence of special interdisciplinary or generic care,
6000	treatment, or other services that:
6001	(A) may continue throughout life; and
6002	(B) must be individually planned and coordinated.
6003	(b) "Disability" does not include a condition due solely to:
6004	(i) mental illness;
6005	(ii) personality disorder;
6006	(iii) deafness or being hard of hearing;
6007	(iv) visual impairment;
6008	(v) learning disability;
6009	(vi) behavior disorder;
6010	(vii) substance abuse; or
6011	(viii) the aging process.
6012	(10) "Division" means the Division of Services for People with Disabilities.
6013	(11) "Eligible to receive division services" or "eligibility" means qualification, based
6014	on criteria established by the division, to receive services that are administered by the division.
6015	(12) "Endorsed program" means a facility or program that:
6016	(a) is operated:
6017	(i) by the division; or
6018	(ii) under contract with the division; or
6019	(b) provides services to a person committed to the division under Part [3] 6, Admission
6020	to an Intermediate Care Facility for People with an Intellectual Disability.
6021	(13) "Licensed physician" means:
6022	(a) an individual licensed to practice medicine under:

6023	(1) Title 58, Chapter 67, Utah Medical Practice Act; or
6024	(ii) Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; or
6025	(b) a medical officer of the United States Government while in this state in the
6026	performance of official duties.
6027	(14) "Limited support services" means services that are administered by the division to
6028	individuals with a disability:
6029	(a) under a waiver authorized under 42 U.S.C. Sec. 1396n(c) by the Centers for
6030	Medicare and Medicaid Services that permits the division to limit services to an individual who
6031	is eligible to receive division services; and
6032	(b) through a program that:
6033	(i) was not operated by the division on or before January 1, 2020; and
6034	(ii) (A) limits the kinds of services that an individual may receive; or
6035	(B) sets a maximum total dollar amount for program services provided to each
6036	individual.
6037	(15) "Physical disability" means a medically determinable physical impairment that has
6038	resulted in the functional loss of two or more of a person's limbs.
6039	(16) "Public funds" means state or federal funds that are disbursed by the division.
6040	(17) "Resident" means an individual under observation, care, or treatment in an
6041	intermediate care facility for people with an intellectual disability.
6042	(18) "Sustainability fund" means the Utah State Developmental Center Long-Term
6043	Sustainability Fund created in Section [62A-5-206.7] 26B-1-331.
6044	Section 163. Section 26B-6-402, which is renumbered from Section 62A-5-102 is
6045	renumbered and amended to read:
6046	[62A-5-102]. <u>26B-6-402.</u> Division of Services for People with Disabilities
6047	Creation Authority Direction Provision of services.
6048	(1) There is created within the department the Division of Services for People with
6049	Disabilities, under the administrative direction of the executive director of the department.

6050	(2) In accordance with this [chapter] part, the division has the responsibility to plan and
6051	deliver an appropriate array of services and supports to persons with disabilities and their
6052	families in this state.
6053	(3) Within appropriations from the Legislature, the division shall provide services to
6054	any individual with a disability who is eligible to receive division services.
6055	(4) (a) Except as provided in Subsection (4)(c), any new appropriations designated to
6056	serve eligible individuals waiting for services from the division shall be allocated, as
6057	determined by the division by rule based on the:
6058	(i) severity of the disability;
6059	(ii) urgency of the need for services;
6060	(iii) ability of a parent or guardian to provide the individual with appropriate care and
6061	supervision; and
6062	(iv) length of time during which the individual has not received services from the
6063	division.
6064	(b) Funds from Subsection (4)(a) that are not spent by the division at the end of the
6065	fiscal year may be used as set forth in Subsection (7).
6066	(c) Subsections (4)(a) and (b) do not apply to any new appropriations designated to
6067	provide limited support services.
6068	(5) The division:
6069	(a) has the functions, powers, duties, rights, and responsibilities described in Section
6070	$\left[\frac{62A-5-103}{26B-6-403}\right]$ and
6071	(b) is authorized to work in cooperation with other state, governmental, and private
6072	agencies to carry out the responsibilities described in Subsection (5)(a).
6073	(6) Within appropriations authorized by the Legislature, and to the extent allowed
6074	under Title XIX of the Social Security Act, the division shall ensure that the services and

support that the division provides to an individual with a disability:

(a) are provided in the least restrictive and most enabling environment;

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6077	(b) ensure opportunities to access employment; and
6078	(c) enable reasonable personal choice in selecting services and support that:
6079	(i) best meet individual needs; and
6080	(ii) promote:
6081	(A) independence;
6082	(B) productivity; and
6083	(C) integration in community life.
6084	(7) (a) Appropriations to the division are nonlapsing.
6085	(b) After an individual stops receiving services under this section, the division shall use
6086	the funds that paid for the individual's services to provide services under this section to another
6087	eligible individual in an intermediate care facility transitioning to division services, if the funds
6088	were allocated under a program established under Section [26-18-3] <u>26B-3-108</u> to transition
6089	individuals with intellectual disabilities from an intermediate care facility.
6090	(c) Except as provided in Subsection (7)(b), if an individual receiving services under
6091	Subsection (4)(a) ceases to receive those services, the division shall use the funds that were
6092	allocated to that individual to provide services to another eligible individual waiting for
6093	services as described in Subsection (4)(a).
6094	(d) Funds unexpended by the division at the end of the fiscal year may be used only for
6095	one-time expenditures unless otherwise authorized by the Legislature.
6096	(e) A one-time expenditure under this section:
6097	(i) is not an entitlement;
6098	(ii) may be withdrawn at any time; and
6099	(iii) may provide short-term, limited services, including:
6100	(A) respite care;
6101	(B) service brokering;
6102	(C) family skill building and preservation classes;
6103	(D) after school group services; and

6104	(E) other professional services.
6105	Section 164. Section 26B-6-403, which is renumbered from Section 62A-5-103 is
6106	renumbered and amended to read:
6107	[62A-5-103]. <u>26B-6-403.</u> Responsibility and authority of division.
6108	(1) For purposes of this section "administer" means to:
6109	(a) plan;
6110	(b) develop;
6111	(c) manage;
6112	(d) monitor; and
6113	(e) conduct certification reviews.
6114	(2) The division has the authority and responsibility to:
6115	(a) administer an array of services and supports for persons with disabilities and their
6116	families throughout the state;
6117	(b) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
6118	Rulemaking Act, that establish eligibility criteria for the services and supports described in
6119	Subsection (2)(a);
6120	(c) consistent with Section $\left[\frac{62A-5-206}{2}\right]$ $26B-6-506$, supervise the programs and
6121	facilities of the Developmental Center;
6122	(d) in order to enhance the quality of life for a person with a disability, establish either
6123	directly, or by contract with private, nonprofit organizations, programs of:
6124	(i) outreach;
6125	(ii) information and referral;
6126	(iii) prevention;
6127	(iv) technical assistance; and
6128	(v) public awareness;
6129	(e) supervise the programs and facilities operated by, or under contract with, the
6130	division;

6131	(f) cooperate with other state, governmental, and private agencies that provide services
6132	to a person with a disability;
6133	(g) subject to Subsection (3), ensure that a person with a disability is not deprived of
6134	that person's constitutionally protected rights without due process procedures designed to
6135	minimize the risk of error when a person with a disability is admitted to an intermediate care
6136	facility for people with an intellectual disability, including:
6137	(i) the developmental center; and
6138	(ii) facilities within the community;
6139	(h) determine whether to approve providers;
6140	(i) monitor and sanction approved providers, as specified in the providers' contract;
6141	(j) subject to Section [62A-5-103.5] <u>26B-6-410</u> , receive and disburse public funds;
6142	(k) review financial actions of a provider who is a representative payee appointed by
6143	the Social Security Administration;
6144	(l) establish standards and rules for the administration and operation of programs
6145	conducted by, or under contract with, the division;
6146	(m) approve and monitor division programs to insure compliance with the board's rules
6147	and standards;
6148	(n) establish standards and rules necessary to fulfill the division's responsibilities under
6149	Part [2] 5, Utah State Developmental Center, and Part [3] 6, Admission to an Intermediate Care
6150	Facility for People with an Intellectual Disability, with regard to an intermediate care facility
6151	for people with an intellectual disability;
6152	(o) assess and collect equitable fees for a person who receives services provided under
6153	this chapter;
6154	(p) maintain records of, and account for, the funds described in Subsection (2)(o);
6155	(q) establish and apply rules to determine whether to approve, deny, or defer the
6156	division's services to a person who is:
6157	(i) applying to receive the services: or

6158	(ii) currently receiving the services;
6159	(r) in accordance with state law, establish rules:
6160	(i) relating to an intermediate care facility for people with an intellectual disability that
6161	is an endorsed program; and
6162	(ii) governing the admission, transfer, and discharge of a person with a disability;
6163	(s) manage funds for a person residing in a facility operated by the division:
6164	(i) upon request of a parent or guardian of the person; or
6165	(ii) under administrative or court order; and
6166	(t) fulfill the responsibilities described in [Chapter 5a, Coordinating Council for
6167	Persons with Disabilities] Section 26B-1-430.
6168	(3) The due process procedures described in Subsection (2)(g):
6169	(a) shall include initial and periodic reviews to determine the constitutional
6170	appropriateness of the placement; and
6171	(b) with regard to facilities in the community, do not require commitment to the
6172	division.
6173	Section 165. Section 26B-6-404, which is renumbered from Section 62A-5-104 is
6174	renumbered and amended to read:
6175	[62A-5-104]. <u>26B-6-404.</u> Director Qualifications Responsibilities.
6176	(1) The director of the division shall be appointed by the executive director.
6177	(2) The director shall have a bachelor's degree from an accredited university or college,
6178	be experienced in administration, and be knowledgeable in developmental disabilities,
6179	intellectual disabilities, and other disabilities.
6180	(3) The director is the administrative head of the division.
6181	(4) The director shall appoint the superintendent of the developmental center and the
6182	necessary and appropriate administrators for other facilities operated by the division with the
6183	concurrence of the executive director.
6184	Section 166. Section 26B-6-405, which is renumbered from Section 62A-5-105 is

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out; and

6185	renumbered and amended to rea	ad:	
6186	[62A-5-105]. 20	6B-6-405.	Division responsibilities Policy mediation.
6187	(1) The division shall e	stablish its	rules in accordance with:
6188	(a) the policy of the Leg	gislature as	set forth by this [chapter] part; and
6189	(b) Title 63G, Chapter 3	3, Utah Ad	ministrative Rulemaking Act.
6190	(2) The division shall:		
6191	(a) establish program po	olicy for th	e division, the developmental center, and programs
6192	and facilities operated by or unc	der contrac	t with the division;
6193	(b) establish rules for the	ne assessm	ent and collection of fees for programs within the
6194	division;		
6195	(c) no later than July 1,	2003, esta	blish a graduated fee schedule based on ability to pay
6196	and implement the schedule with	th respect t	to service recipients and their families where not
6197	otherwise prohibited by federal	law or reg	ulation or not otherwise provided for in Section
6198	[62A-5-109] <u>26B-6-411</u> ;		
6199	(d) establish procedures	s to ensure	that private citizens, consumers, private contract
6200	providers, allied state and local	agencies, a	and others are provided with an opportunity to
6201	comment and provide input reg	arding any	new policy or proposed revision to an existing
6202	policy;		
6203	(e) provide a mechanism	m for syste	matic and regular review of existing policy and for
6204	consideration of policy changes	proposed	by the persons and agencies described under
6205	Subsection (2)(d);		
6206	(f) establish and period	ically revie	ew the criteria used to determine who may receive
6207	services from the division and h	now the de	livery of those services is prioritized within available
6208	funding;		
6209	(g) review implementat	ion and co	mpliance by the division with policies established by
6210	the board to ensure that the poli	cies establ	ished by the Legislature in this chapter are carried

6212	(h) annually report to the executive director.
6213	(3) The executive director shall mediate any differences which arise between the
6214	policies of the division and those of any other policy board or division in the department.
6215	Section 167. Section 26B-6-406, which is renumbered from Section 62A-5-106 is
6216	renumbered and amended to read:
6217	[62A-5-106]. <u>26B-6-406.</u> Powers of other state agencies Severability.
6218	Nothing in this part shall be construed to supersede or limit the authority granted by law
6219	to any other state agency. If any provision of this part, or the application of any provision to
6220	the person or circumstance, is held invalid, the remainder of this part shall not be affected.
6221	Section 168. Section 26B-6-407, which is renumbered from Section 62A-5-103.1 is
6222	renumbered and amended to read:
6223	[62A-5-103.1]. 26B-6-407. Program for provision of supported employment
6224	services.
6225	(1) There is established a program for the provision of supported employment services
6226	to be administered by the division.
6227	(2) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah
6228	Administrative Rulemaking Act, as necessary for the implementation and administration of the
6229	program described in this section.
6230	(3) In accordance with Subsection (4), within funds appropriated by the Legislature for
6231	the program described in this section, the division shall provide supported employment
6232	services to a person with a disability who:
6233	(a) is eligible to receive services from the division;
6234	(b) has applied for, and is waiting to, receive services from the division;
6235	(c) is not receiving other ongoing services from the division;
6236	(d) is not able to receive sufficient supported employment services from other sources;
6237	(e) the division determines would substantially benefit from the provision of supported
6238	employment services; and

6239	(f) does not require the provision of other ongoing services from the division in order
6240	to substantially benefit from the provision of supported employment services.
6241	(4) (a) The division shall provide supported employment services under this section
6242	outside of the prioritization criteria established by the division for the receipt of other services
6243	from the division.
6244	(b) The division shall establish criteria to determine the priority, between persons
6245	eligible for services under this section, for receiving services under this section.
6246	(5) It is the intent of the Legislature that the services provided under the program
6247	described in this section:
6248	(a) shall be provided separately from the Medicaid program described in Title XIX of
6249	the Social Security Act;
6250	(b) may not be supported with Medicaid funds;
6251	(c) may not be provided as part of a Medicaid waiver;
6252	(d) do not constitute an entitlement of any kind; and
6253	(e) may be withdrawn from a person at any time.
6254	Section 169. Section 26B-6-408 , which is renumbered from Section 62A-5-103.2 is
6255	renumbered and amended to read:
6256	[62A-5-103.2]. 26B-6-408. Pilot Program for the Provision of Family
6257	Preservation Services.
6258	(1) There is established a pilot program for the provision of family preservation
6259	services to a person with a disability and that person's family, beginning on July 1, 2007, and
6260	ending on July 1, 2009.
6261	(2) The family preservation services described in Subsection (1) may include:
6262	(a) family skill building classes;
6263	(b) respite hours for class attendance; or
6264	(c) professional intervention.
6265	(3) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah

6266	Administrative Rulemaking Act, as necessary for the implementation and administration of this
6267	section.
6268	(4) In accordance with Subsection (5), within funds appropriated by the Legislature for
6269	the pilot program described in this section, the division shall provide family preservation
6270	services to a person with a disability, and that person's family, if that person:
6271	(a) is eligible to receive services from the division;
6272	(b) has applied for, and is willing to receive, services from the division;
6273	(c) is not receiving other ongoing services from the division;
6274	(d) is not able to receive sufficient family preservation services from other sources;
6275	(e) is determined by the division to be a person who would substantially benefit from
6276	the provision of family preservation services; and
6277	(f) does not require the provision of other ongoing services from the division in order
6278	to substantially benefit from the provision of family preservation services.
6279	(5) (a) The division shall provide family preservation services under this section
6280	outside of the prioritization criteria established by the division for the receipt of other services
6281	from the division.
6282	(b) The division shall establish criteria to determine the priority, between persons
6283	eligible for services under this section, for receiving services under this section.
6284	(6) It is the intent of the Legislature that the services provided under the pilot program
6285	described in this section:
6286	(a) shall be provided separately from the Medicaid program described in Title XIX of
6287	the Social Security Act;
6288	(b) may not be supported with Medicaid funds;
6289	(c) may not be provided as part of a Medicaid waiver;
6290	(d) do not constitute an entitlement of any kind; and
6291	(e) may be withdrawn from a person at any time.
6292	Section 170. Section 26B-6-409 , which is renumbered from Section 62A-5-103.3 is

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in Subsection (2);

6293	renumbered and amended to read:
6294	[62A-5-103.3]. 26B-6-409. Employment first emphasis on the provision of
6295	services.
6296	(1) When providing services to a person with a disability under this chapter, the
6297	division shall, within funds appropriated by the Legislature and in accordance with the
6298	requirements of federal and state law, give priority to providing services that assist the person
6299	in obtaining and retaining meaningful and gainful employment that enables the person to:
6300	(a) purchase goods and services;
6301	(b) establish self-sufficiency; and
6302	(c) exercise economic control of the person's life.
6303	(2) The division shall develop a written plan to implement the policy described in
6304	Subsection (1) that includes:
6305	(a) assessing the strengths and needs of a person with a disability;
6306	(b) customizing strength-based approaches to obtaining employment;
6307	(c) expecting, encouraging, providing, and rewarding:
6308	(i) integrated employment in the workplace at competitive wages and benefits; and
6309	(ii) self-employment;
6310	(d) developing partnerships with potential employers;
6311	(e) maximizing appropriate employment training opportunities;
6312	(f) coordinating services with other government agencies and community resources;
6313	(g) to the extent possible, eliminating practices and policies that interfere with the
6314	policy described in Subsection (1); and
6315	(h) arranging sub-minimum wage work or volunteer work when employment at market
6316	rates cannot be obtained.
6317	(3) The division shall, on an annual basis:
6318	(a) set goals to implement the policy described in Subsection (1) and the plan described

6320	(b) determine whether the goals for the previous year have been met; and
6321	(c) modify the plan described in Subsection (2) as needed.
6322	Section 171. Section 26B-6-410 , which is renumbered from Section 62A-5-103.5 is
6323	renumbered and amended to read:
6324	[62A-5-103.5]. <u>26B-6-410.</u> Disbursal of public funds Background check of
6325	a direct service worker.
6326	(1) For purposes of this section, "office" means the same as that term is defined in
6327	Section [62A-2-101] <u>26B-2-101</u> .
6328	(2) Public funds may not be disbursed to pay a direct service worker for personal
6329	services rendered to a person unless the office approves the direct service worker to have direct
6330	access and provide services to a child or a vulnerable adult pursuant to Section [62A-2-120]
6331	<u>26B-2-120</u> .
6332	(3) For purposes of Subsection (2), the office shall conduct a background check of a
6333	direct service worker:
6334	(a) before public funds are disbursed to pay the direct service worker for the personal
6335	services described in Subsection (2); and
6336	(b) using the same procedures established for a background check of an applicant for a
6337	license under Section [62A-2-120] <u>26B-2-120</u> .
6338	(4) A child who is in the legal custody of the department or any of the department's
6339	divisions may not be placed with a direct service worker unless, before the child is placed with
6340	the direct service worker, the direct service worker passes a background check, pursuant to the
6341	requirements of Subsection [62A-2-120] 26B-2-120(14).
6342	(5) If a public transit district, as described in Title 17B, Chapter 2a, Part 8, Public
6343	Transit District Act, contracts with the division to provide services:
6344	(a) the provisions of this section are not applicable to a direct service worker employed
6345	by the public transit district; and
6346	(b) the division may not reimburse the public transit district for services provided

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6347	unless a direct service worker hired or transferred internally after July 1, 2013, by the public
6348	transit district to drive a paratransit route:
6349	(i) is approved by the office to have direct access to children and vulnerable adults in
6350	accordance with Section [62A-2-120] 26B-2-120; and
6351	(ii) is subject to a background check established in a statute or rule governing a public
6352	transit district or other public transit district policy.
6353	Section 172. Section 26B-6-411, which is renumbered from Section 62A-5-109 is
6354	renumbered and amended to read:
6355	[62A-5-109]. <u>26B-6-411.</u> Parent liable for cost and support of minor
6356	Guardian liable for costs.
6357	(1) Parents of a person who receives services or support from the division, who are
6358	financially responsible, are liable for the cost of the actual care and maintenance of that person
6359	and for the support of the child in accordance with Title 78B, Chapter 12, Utah Child Support
6360	Act, and [Title 62A, Chapter 11,] Chapter 9, Part 1, Office of Recovery Services, until the
6361	person reaches 18 years [of age] old.
6362	(2) A guardian of a person who receives services or support from the division is liable
6363	for the cost of actual care and maintenance of that person, regardless of his age, where funds
6364	are available in the guardianship estate established on his behalf for that purpose. However, if
6365	the person who receives services is a beneficiary of a trust created in accordance with Section
6366	[62A-5-110] 26B-6-412, or if the guardianship estate meets the requirements of a trust
6367	described in that section, the trust income prior to distribution to the beneficiary, and the trust
6368	principal are not subject to payment for services or support for that person.
6369	(3) If, at the time a person who receives services or support from the division is
6370	discharged from a facility or program owned or operated by or under contract with the division,

or after the death and burial of a resident of the developmental center, there remains in the

custody of the division or the superintendent any money paid by a parent or guardian for the

support or maintenance of that person, it shall be repaid upon demand.

63/4	Section 1/3. Section 26B-6-412, which is renumbered from Section 62A-5-110 is
6375	renumbered and amended to read:
6376	[62A-5-110]. <u>26B-6-412.</u> Discretionary trust for an individual with a
6377	disability Impact on state services.
6378	(1) For purposes of this section:
6379	(a) "Discretionary trust for an individual with a disability" means a trust:
6380	(i) that is established for the benefit of an individual who, at the time the trust is
6381	created, is under [age] 65 years old and has a disability, as defined in 42 U.S.C. Sec. 1382c;
6382	(ii) under which the trustee has discretionary power to determine distributions;
6383	(iii) under which the individual may not control or demand payments unless an abuse
6384	of the trustee's duties or discretion is shown;
6385	(iv) that contains the assets of the individual and is established for the benefit of the
6386	individual by the individual, a court, or a parent, grandparent, or legal guardian of the
6387	individual;
6388	(v) that is irrevocable, except that the trust document may provide that the trust be
6389	terminated if the individual no longer has a disability, as defined in 42 U.S.C. Sec. 1382c;
6390	(vi) that is invalid as to any portion funded by property that is or may be subject to a
6391	lien by the state; and
6392	(vii) that provides that, upon the death of the individual, the state will receive all
6393	amounts remaining in the trust, up to an amount equal to the total medical assistance paid on
6394	behalf of the individual.
6395	(b) "Medical assistance" means the same as that term is defined in Section $[\frac{26-18-2}{2}]$
6396	<u>26B-3-101</u> .
6397	(2) A state agency providing services or support to an individual with a disability may:
6398	(a) waive application of Subsection (1)(a)(v) with respect to that individual if the state
6399	agency determines that application of the criteria would place an undue hardship upon that
6400	individual; and

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6401	(b) define, by rule, what constitutes "undue hardship" for purposes of this section.
6402	(3) A discretionary trust for an individual with a disability is not liable for
6403	reimbursement or payment to the state or any state agency, for financial aid or services
6404	provided to that individual except:
6405	(a) to the extent that the trust property has been distributed directly to or is otherwise
6406	under the control of the beneficiary with a disability; or
6407	(b) as provided in Subsection (1)(a)(vi).
6408	(4) Property, goods, and services that are purchased or owned by a discretionary trust
6409	for an individual with a disability and that are used or consumed by a beneficiary with a
6410	disability shall not be considered trust property that is distributed to or under the control of the
6411	beneficiary.
6412	(5) The benefits that an individual with a disability is otherwise legally entitled to may
6413	not be reduced, impaired, or diminished in any way because of contribution to a discretionary
6414	trust for that individual.
6415	(6) All state agencies shall disregard a discretionary trust for an individual with a
6416	disability as a resource when determining eligibility for services or support except as, and only
6417	to the extent that it is otherwise prohibited by federal law.
6418	(7) This section applies to all discretionary trusts that meet the requirements contained
6419	in Subsection (1) created before, on, or after July 1, 1994.
6420	Section 174. Section 26B-6-413, which is renumbered from Section 62A-5-402 is
6421	renumbered and amended to read:
6422	[62A-5-402]. <u>26B-6-413.</u> Scope of home based services Purpose
6423	Principles Services for individuals younger than 11 years old.
6424	(1) The purpose of this section is to provide support to families in their role as primary
6425	caregivers for family members with disabilities.
6426	[(1)] (2) (a) To enable a person with a disability and the person's family to select

services and supports that best suit their needs and preferences, the division shall, within

6428	appropriations from the Legislature, provide services and supports under this part by giving
6429	direct financial assistance to the parent or guardian of a person with a disability who resides at
6430	home.
6431	(b) The dollar value of direct financial assistance is determined by the division based
6432	on:
6433	(i) appropriations from the Legislature; and
6434	(ii) the needs of the person with a disability.
6435	(c) In determining whether to provide direct financial assistance to the family, the
6436	division shall consider:
6437	(i) the family's preference; and
6438	(ii) the availability of approved providers in the area where the family resides.
6439	(d) If the division provides direct financial assistance, the division:
6440	(i) shall require the family to account for the use of that financial assistance; and
6441	(ii) shall tell the person with a disability or the person's parent or guardian how long the
6442	direct financial assistance is intended to provide services and supports before additional direct
6443	financial assistance is issued.
6444	(e) Except for eligibility determination services directly connected to the provision of
6445	direct financial assistance, service coordination is not provided under this part by the division
6446	unless the person with a disability or the person's parent or guardian uses the direct financial
6447	assistance to purchase such services.
6448	[(2)] (3) The following principles shall be used as the basis for supporting families who
6449	care for family members with disabilities:
6450	(a) all children, regardless of disability, should reside in a family-like environment;
6451	(b) families should receive the support they need to care for their children at home;
6452	(c) services should:
6453	(i) focus on the person with a disability;
6454	(ii) take into consideration the family of the person described in Subsection $[\frac{(2)}{(2)}]$

6455	(3)(c)(i);
6456	(iii) be sensitive to the unique needs, preferences, and strengths of individual families;
6457	and
6458	(iv) complement and reinforce existing sources of help and support that are available to
6459	each family.
6460	(4) Except as provided in Subsection (5), after June 30, 1996, the division may not
6461	provide residential services to persons with disabilities who are under 11 years old.
6462	(5) The prohibition of Subsection (4) does not include residential services that are
6463	provided:
6464	(a) for persons in the custody of the Division of Child and Family Services;
6465	(b) under a plan for home-based services, including respite and temporary residential
6466	care or services provided by a professional parent under contract with the division; or
6467	(c) after a written finding by the director that out-of-home residential placement is the
6468	most appropriate way to meet the needs of the person with disabilities and his family.
6469	Section 175. Section 26B-6-501 is enacted to read:
6470	Part 5. Utah State Developmental Center
6471	26B-6-501. Definitions.
6472	The definitions in Section 26B-6-401 apply to this part.
6473	Section 176. Section 26B-6-502, which is renumbered from Section 62A-5-201 is
6474	renumbered and amended to read:
6475	[62A-5-201]. <u>26B-6-502.</u> Utah State Developmental Center.
6476	(1) The intermediate care facility for people with an intellectual disability located in
6477	American Fork City, Utah County, shall be known as the "Utah State Developmental Center."
6478	(2) Within appropriations authorized by the Legislature, the role and function of the
6479	developmental center is to:
6480	(a) provide care, services, and treatment to persons described in Subsection (3); and
6481	(b) provide the following services and support to persons with disabilities who do not

6482	reside at the developmental center:
6483	(i) psychiatric testing;
6484	(ii) specialized medical treatment and evaluation;
6485	(iii) specialized dental treatment and evaluation;
6486	(iv) family and client special intervention;
6487	(v) crisis management;
6488	(vi) occupational, physical, speech, and audiology services; and
6489	(vii) professional services, such as education, evaluation, and consultation, for families,
6490	public organizations, providers of community and family support services, and courts.
6491	(3) Except as provided in Subsection (6), within appropriations authorized by the
6492	Legislature, and notwithstanding the provisions of Part [3] 6, Admission to an Intermediate
6493	Care Facility for People with an Intellectual Disability, only the following persons may be
6494	residents of, be admitted to, or receive care, services, or treatment at the developmental center:
6495	(a) persons with an intellectual disability;
6496	(b) persons who receive services and supports under Subsection (2)(b); and
6497	(c) persons who require at least one of the following services from the developmental
6498	center:
6499	(i) continuous medical care;
6500	(ii) intervention for conduct that is dangerous to self or others; or
6501	(iii) temporary residential assessment and evaluation.
6502	(4) (a) Except as provided in Subsection (6), the division shall, in the division's
6503	discretion:
6504	(i) place residents from the developmental center into appropriate less restrictive
6505	placements; and
6506	(ii) determine each year the number to be placed based upon the individual assessed
6507	needs of the residents.
6508	(b) The division shall confer with parents and guardians to ensure the most appropriate

placement for each resident.

- (5) Except as provided in Subsection (7), within appropriations authorized by the Legislature, and notwithstanding the provisions of Subsection (3) and Part [3] 6, Admission to an Intermediate Care Facility for People with an Intellectual Disability, a person who is under 18 years [of age] old may be a resident of, admitted to, or receive care, services, or treatment at the developmental center only if the director certifies in writing that the developmental center is the most appropriate placement for that person.
- (6) (a) If the division determines, pursuant to Utah's Community Supports Waiver for Individuals with Intellectual Disabilities and Other Related Conditions, that a person who otherwise qualifies for placement in an intermediate care facility for people with an intellectual disability should receive services in a home or community-based setting, the division shall:
 - (i) if the person does not have a legal representative or legal guardian:
 - (A) inform the person of any feasible alternatives under the waiver; and
- (B) give the person the choice of being placed in an intermediate care facility for people with an intellectual disability or receiving services in a home or community-based setting; or
 - (ii) if the person has a legal representative or legal guardian:
- (A) inform the legal representative or legal guardian of any feasible alternatives under the waiver; and
- (B) give the legal representative or legal guardian the choice of having the person placed in an intermediate care facility for people with an intellectual disability or receiving services in a home or community-based setting.
- (b) If a person chooses, under Subsection (6)(a)(i), to be placed in an intermediate care facility for people with an intellectual disability instead of receiving services in a home or community-based setting, the division shall:
- (i) ask the person whether the person prefers to be placed in the developmental center rather than a private intermediate care facility for people with an intellectual disability; and

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for people with an intellectual disability.

(ii) if the person expresses a preference to be placed in the developmental center: (A) place the person in the developmental center if the cost of placing the person in the developmental center is equal to, or less than, the cost of placing the person in a private intermediate care facility for people with an intellectual disability; or (B) (I) strongly consider the person's preference to be placed in the developmental center if the cost of placing the person in the developmental center exceeds the cost of placing the person in a private intermediate care facility for people with an intellectual disability; and (II) place the person in the developmental center or a private intermediate care facility for people with an intellectual disability. (c) If a legal representative or legal guardian chooses, under Subsection (6)(a)(ii), to have the person placed in an intermediate care facility for people with an intellectual disability instead of receiving services in a home or community-based setting, the division shall: (i) ask the legal representative or legal guardian whether the legal representative or legal guardian prefers to have the person placed in the developmental center rather than a private intermediate care facility for people with an intellectual disability; and (ii) if the legal representative or legal guardian expresses a preference to have the person placed in the developmental center: (A) place the person in the developmental center if the cost of placing the person in the developmental center is equal to, or less than, the cost of placing the person in a private intermediate care facility for people with an intellectual disability; or (B) (I) strongly consider the legal representative's or legal guardian's preference for the person's placement if the cost of placing the person in the developmental center exceeds the cost of placing the person in a private intermediate care facility for people with an intellectual disability; and

(II) place the person in the developmental center or a private intermediate care facility

(7) The certification described in Subsection (5) is not required for a person who

6563	receives services and support under Subsection (2)(b).			
6564	Section 177. Section 26B-6-503, which is renumbered from Section 62A-5-202 is			
6565	renumbered and amended to read:			
6566	[62A-5-202].	26B-6-503. Developmental center within division.		
6567	The programs and facilities of the developmental center are within the division, and			
6568	under the policy direction of the division.			
6569	Section 178. Section	on 26B-6-504 , which is renumbered from Section 62A-5-203 is		
6570	renumbered and amended t	to read:		
6571	[62A-5-203].	26B-6-504. Operation, maintenance, and repair of		
6572	developmental center buildings and grounds.			
6573	(1) The division sh	all operate, maintain, and repair the buildings, grounds, and physical		
6574	properties of the developmental center. However, the roads and driveways on the grounds of			
6575	the developmental center shall be maintained by the Department of Transportation.			
6576	(2) The division has authority to make improvements to the buildings, grounds, and			
6577	physical properties of the developmental center, as it deems necessary for the care and safety of			
6578	the residents.			
6579	Section 179. Section 26B-6-505, which is renumbered from Section 62A-5-205 is			
6580	renumbered and amended to read:			
6581	[62A-5-205].	26B-6-505. State Board of Education Education of		
6582	children at developmenta	l center.		
6583	(1) The State Board of Education is responsible for the education of school-aged			
6584	children at the developmental center.			
6585	(2) In order to fulfill its responsibility under Subsection (1), the State Board of			
6586	Education shall, where feasible, contract with local school districts or other appropriate			
6587	agencies to provide educational and related administrative services.			
6588	(3) Medical, residential, and other services that are not the responsibility of the State			
6580	Board of Education or other state agencies are the responsibility of the division			

6590	Section 180. Section 26B-6-506, which is renumbered from Section 62A-5-206 is
6591	renumbered and amended to read:
6592	[62A-5-206]. 26B-6-506. Powers and duties of division.
6593	The powers and duties of the division, with respect to the developmental center are as
6594	follows:
6595	(1) to establish rules, not inconsistent with law, for the government of the
6596	developmental center;
6597	(2) to establish rules governing the admission and discharge of persons with an
6598	intellectual disability in accordance with state law;
6599	(3) to employ necessary medical and other professional personnel to assist in
6600	establishing rules relating to the developmental center and to the treatment and training of
6601	persons with an intellectual disability at the center;
6602	(4) to transfer a person who has been committed to the developmental center under
6603	Part [3] 6, Admission to an Intermediate Care Facility for People with an Intellectual
6604	Disability, to any other facility or program operated by or under contract with the division, after
6605	careful evaluation of the treatment needs of that person, if the facilities or programs available
6606	meet the needs indicated, and if transfer would be in the best interest of that person. A person
6607	transferred shall remain under the jurisdiction of the division;
6608	(5) the developmental center may receive a person who meets the requirements of
6609	Subsection $[62A-5-201]$ $26B-6-502(3)$ from any other facility or program operated by or under
6610	contract with the division, after careful evaluation of the treatment needs of that person, if the
6611	facility or programs of the developmental center meet those needs, and if transfer would be in
6612	the best interest of that person. A person so received by the developmental center remains
6613	under the jurisdiction of the division;
6614	(6) to manage funds for a person residing in the developmental center, upon request by
6615	that person's parent or guardian, or upon administrative or court order;

(7) to charge and collect a fair and equitable fee from developmental center residents,

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6617	parents who have the ability to pay, or guardians where funds for that purpose are available;			
6618	and			
6619	(8) supervision and administration of security responsibilities for the developmental			
6620	center is vested in the division. The executive director may designate, as special function			
6621	officers, individuals to perform special security functions for the developmental center that			
6622	require peace officer authority. Those special function officers may not become or be			
6623	designated as members of the Public Safety Retirement System.			
6624	Section 181. Section 26B-6-507, which is renumbered from Section 62A-5-206.6 is			
6625	renumbered and amended to read:			
6626	[62A-5-206.6]. 26B-6-507. Utah State Developmental Center land and water			
6627	rights.			
6628	(1) As used in this section, "long-term lease" means:			
6629	(a) a lease with a term of five years or more; or			
6630	(b) a lease with a term of less than five years that may be unilaterally renewed by the			
6631	lessee.			
6632	(2) (a) Notwithstanding Section 65A-4-1, any sale, long-term lease, or other disposition			
6633	of real property, water rights, or water shares associated with the developmental center shall be			
6634	conducted as provided in this Subsection (2).			
6635	(b) The board shall:			
6636	(i) approve the sale, long-term lease, or other disposition of real property, water rights,			
6637	or water shares associated with the developmental center;			
6638	(ii) secure the approval of the Legislature before offering the real property, water			
6639	rights, or water shares for sale, long-term lease, or other disposition; and			
6640	(iii) if the Legislature's approval is secured, as described in Subsection (2)(b)(ii), direct			
6641	the Division of Facilities Construction and Management to convey, lease, or dispose of the real			
6642	property, water rights, or water shares associated with the developmental center according to			
6643	the board's determination.			

6644	Section 182. Section 26B-6-508 , which is renumbered from Section 62A-5-207 is			
6645	renumbered and amended to read:			
6646	[62A-5-207]. <u>26B-6-508.</u> Superintendent Qualifications.			
6647	The superintendent of the developmental center, appointed in accordance with			
6648	Subsection [62A-5-104] 26B-6-404(4), shall have a bachelor's degree from an accredited			
6649	university or college, be experienced in administration, and be knowledgeable in			
6650	developmental disabilities and intellectual disability.			
6651	Section 183. Section 26B-6-509, which is renumbered from Section 62A-5-208 is			
6652	renumbered and amended to read:			
6653	[62A-5-208]. 26B-6-509. Powers and duties of superintendent.			
6654	The chief administrative officer of the developmental center is the superintendent, and			
6655	has the following powers and duties:			
6656	(1) to manage the developmental center and administer the division's rules governing			
6657	the developmental center;			
6658	(2) to hire, control, and remove all employees, and to fix their compensation according			
6659	to state law; and			
6660	(3) with the approval of the division, to make any expenditures necessary in the			
6661	performance of his duties.			
6662	Section 184. Section 26B-6-510, which is renumbered from Section 62A-5-211 is			
6663	renumbered and amended to read:			
6664	[62A-5-211]. <u>26B-6-510.</u> Dental services reporting.			
6665	The superintendent of the developmental center shall provide to the Health and Human			
6666	Services Interim Committee an annual report that contains:			
6667	(1) a statewide assessment of resources that provide dental services for individuals			
6668	with intellectual disabilities;			
6669	(2) an accounting of the funds appropriated to provide specialized dental treatment and			
6670	evaluation under Subsection [62A-5-201] 26B-6-502(2)(b)(iii), including the number of			

6671	individuals served and the services provided; and		
6672	(3) the progress toward the establishment of a financially independent dental clinic		
6673	that:		
6674	(a) has a full-time dentist who has specialized training to treat an individual with an		
6675	intellectual disability; and		
6676	(b) has the facility, equipment, and staff necessary to legally and safely perform dental		
6677	procedures and examinations and to administer general anesthesia.		
6678	Section 185. Section 26B-6-601 is enacted to read:		
6679	Part 6. Admission to an Intermediate Care Facility for People with an Intellectual		
6680	Disability		
6681	26B-6-601. Definitions.		
6682	The definitions in Section 26B-6-401 apply to this part.		
6683	Section 186. Section 26B-6-602, which is renumbered from Section 62A-5-302 is		
6684	renumbered and amended to read:		
6685	[62A-5-302]. <u>26B-6-602.</u> Division responsibility.		
6686	The division is responsible:		
6687	(1) for the supervision, care, and treatment of persons with an intellectual disability in		
6688	this state who are committed to the division's jurisdiction under the provisions of this part; and		
6689	(2) to evaluate and determine the most appropriate, least restrictive setting for an		
6690	individual with an intellectual disability.		
6691	Section 187. Section 26B-6-603, which is renumbered from Section 62A-5-305 is		
6692	renumbered and amended to read:		
6693	[62A-5-305]. <u>26B-6-603.</u> Residency requirements Transportation of		
6694	person to another state.		
6695	(1) A person with an intellectual disability who has a parent or guardian residing in this		
6696	state may be admitted to an intermediate care facility for people with an intellectual disability		
6697	in accordance with the provisions of this part.		

6698	(2) If a person with an intellectual disability enters Utah from another state, the		
6699	division may have that person transported to the home of a relative or friend located outside or		
6700	this state, or to an appropriate facility in the state where the person with the intellectual		
6701	disability is domiciled.		
6702	(3) This section does not prevent a person with an intellectual disability who is		
6703	temporarily located in this state from being temporarily admitted or committed to an		
6704	intermediate care facility for people with an intellectual disability in this state.		
6705	Section 188. Section 26B-6-604, which is renumbered from Section 62A-5-308 is		
6706	renumbered and amended to read:		
6707	[62A-5-308]. <u>26B-6-604.</u> Commitment Individual who is under 18 years		
6708	old.		
6709	(1) The director of the division, or the director's designee, may commit an individual		
6710	under 18 years old who has an intellectual disability or symptoms of an intellectual disability,		
6711	to the division for observation, diagnosis, care, and treatment if that commitment is based on:		
6712	(a) an emergency commitment in accordance with Section [62A-5-311] 26B-6-607; or		
6713	(b) involuntary commitment in accordance with Section [62A-5-312] 26B-6-608.		
6714	(2) A proceeding for involuntary commitment under Subsection (1)(a) may be		
6715	commenced by filing a written petition with the juvenile court under Section [62A-5-312]		
6716	<u>26B-6-608</u> .		
6717	(3) (a) A juvenile court has jurisdiction over the proceeding under Subsection (2) as		
6718	described in Subsection 78A-6-103(2)(f).		
6719	(b) A juvenile court shall proceed with the written petition in the same manner and		
6720	with the same authority as the district court.		
6721	(4) If an individual who is under 18 years old is committed to the custody of the Utah		
6722	State Developmental Center by the juvenile court, the director or the director's designee shall		
6723	give the juvenile court written notice of the intention to release the individual not fewer than		
6724	five days before the day on which the individual is released.		

6725	Section 189. Section 26B-6-605 , which is renumbered from Section 62A-5-309 is			
6726	renumbered and amended to read:			
6727	[62A-5-309]. <u>26B-6-605.</u> Commitment Individual who is 18 years old or			
6728	older.			
6729	(1) The director, or the director's designee may commit to the division an individual 18			
6730	years old or older who has an intellectual disability, for observation, diagnosis, care, and			
6731	treatment if that commitment is based on:			
6732	(a) involuntary commitment in accordance with Section [62A-5-312] 26B-6-608; or			
6733	(b) temporary emergency commitment in accordance with Section [62A-5-311]			
6734	<u>26B-6-607</u> .			
6735	(2) If an individual who is 18 years old or older is committed to the custody of the Utah			
6736	State Developmental Center by the juvenile court, the director or the director's designee shall			
6737	give the juvenile court written notice of the intention to release the individual not fewer than			
6738	five days before the day on which the individual is released.			
6739	Section 190. Section 26B-6-606, which is renumbered from Section 62A-5-310 is			
6740	renumbered and amended to read:			
6741	[62A-5-310]. <u>26B-6-606.</u> Involuntary commitment.			
6742	An individual may not be involuntarily committed to an intermediate care facility for			
6743	people with an intellectual disability except in accordance with Sections [62A-5-311-and			
6744	62A-5-312] <u>26B-6-607 and 26B-6-608</u> .			
6745	Section 191. Section 26B-6-607, which is renumbered from Section 62A-5-311 is			
6746	renumbered and amended to read:			
6747	[62A-5-311]. <u>26B-6-607.</u> Temporary emergency commitment			
6748	Observation and evaluation.			
6749	(1) The director of the division or his designee may temporarily commit an individual			
6750	to the division and therefore, as a matter of course, to an intermediate care facility for people			
6751	with an intellectual disability for observation and evaluation upon:			

6752	(a) written application by a responsible person who has reason to know that the
6753	individual is in need of commitment, stating:
6754	(i) a belief that the individual has an intellectual disability and is likely to cause serious
6755	injury to self or others if not immediately committed;
6756	(ii) personal knowledge of the individual's condition; and
6757	(iii) the circumstances supporting that belief; or
6758	(b) certification by a licensed physician or designated intellectual disability
6759	professional stating that the physician or designated intellectual disability professional:
6760	(i) has examined the individual within a three-day period immediately preceding the
6761	certification; and
6762	(ii) is of the opinion that the individual has an intellectual disability, and that because
6763	of the individual's intellectual disability is likely to injure self or others if not immediately
6764	committed.
6765	(2) If the individual in need of commitment is not placed in the custody of the director
6766	or the director's designee by the person submitting the application, the director's or the
6767	director's designee may certify, either in writing or orally that the individual is in need of
6768	immediate commitment to prevent injury to self or others.
6769	(3) Upon receipt of the application required by Subsection (1)(a) and the certifications
6770	required by Subsections (1)(b) and (2), a peace officer may take the individual named in the
6771	application and certificates into custody, and may transport the individual to a designated
6772	intermediate care facility for people with an intellectual disability.
6773	(4) (a) An individual committed under this section may be held for a maximum of 24
6774	hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that time, the
6775	individual shall be released unless proceedings for involuntary commitment have been
6776	commenced under Section [62A-5-312] <u>26B-6-608</u> .
6777	(b) After proceedings for involuntary commitment have been commenced the

individual shall be released unless an order of detention is issued in accordance with Section

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- (5) If an individual is committed to the division under this section on the application of any person other than the individual's legal guardian, spouse, parent, or next of kin, the director or his designee shall immediately give notice of the commitment to the individual's legal guardian, spouse, parent, or next of kin, if known.
- Section 192. Section **26B-6-608**, which is renumbered from Section 62A-5-312 is renumbered and amended to read:

[62A-5-312]. <u>26B-6-608.</u> Involuntary commitment -- Procedures -- Necessary findings -- Periodic review.

- (1) Any responsible person who has reason to know that an individual is in need of commitment, who has a belief that the individual has an intellectual disability, and who has personal knowledge of the conditions and circumstances supporting that belief, may commence proceedings for involuntary commitment by filing a written petition with the district court, or if the subject of the petition is less than 18 years [of age] old with the juvenile court, of the county in which the individual to be committed is physically located at the time the petition is filed. The application shall be accompanied by:
- (a) a certificate of a licensed physician or a designated intellectual disability professional, stating that within a seven-day period immediately preceding the certification, the physician or designated intellectual disability professional examined the individual and believes that the individual has an intellectual disability and is in need of involuntary commitment; or
 - (b) a written statement by the petitioner that:
- (i) states that the individual was requested to, but refused to, submit to an examination for an intellectual disability by a licensed physician or designated intellectual disability professional, and that the individual refuses to voluntarily go to the division or an intermediate care facility for people with an intellectual disability recommended by the division for treatment;

(ii) is under oath; and

- (iii) sets forth the facts on which the statement is based.
- (2) Before issuing a detention order, the court may require the petitioner to consult with personnel at the division or at an intermediate care facility for people with an intellectual disability and may direct a designated intellectual disability professional to interview the petitioner and the individual to be committed, to determine the existing facts, and to report them to the court.
- (3) The court may issue a detention order and may direct a peace officer to immediately take the individual to an intermediate care facility for people with an intellectual disability to be detained for purposes of an examination if the court finds from the petition, from other statements under oath, or from reports of physicians or designated intellectual disability professionals that there is a reasonable basis to believe that the individual to be committed:
 - (a) poses an immediate danger of physical injury to self or others;
 - (b) requires involuntary commitment pending examination and hearing;
- (c) the individual was requested but refused to submit to an examination by a licensed physician or designated intellectual disability professional; or
- (d) the individual refused to voluntarily go to the division or to an intermediate care facility for people with an intellectual disability recommended by the division.
- (4) (a) If the court issues a detention order based on an application that did not include a certification by a designated intellectual disability professional or physician in accordance with Subsection (1)(a), the director or his designee shall within 24 hours after issuance of the detention order, excluding Saturdays, Sundays, and legal holidays, examine the individual, report the results of the examination to the court and inform the court:
- (i) whether the director or his designee believes that the individual has an intellectual disability; and
- (ii) whether appropriate treatment programs are available and will be used by the individual without court proceedings.

0833	(b) If the report of the director or his designee is based on an oral report of the
6834	examiner, the examiner shall immediately send the results of the examination in writing to the
6835	clerk of the court.
6836	(5) Immediately after an individual is involuntarily committed under a detention order
6837	or under Section [$\frac{62A-5-311}{26B-6-607}$, the director or his designee shall inform the
6838	individual, orally and in writing, of his right to communicate with an attorney. If an individual
6839	desires to communicate with an attorney, the director or his designee shall take immediate steps
6840	to assist the individual in contacting and communicating with an attorney.
6841	(6) (a) Immediately after commencement of proceedings for involuntary commitment,
5842	the court shall give notice of commencement of the proceedings to:
6843	(i) the individual to be committed;
5844	(ii) the applicant;
6845	(iii) any legal guardian of the individual;
6846	(iv) adult members of the individual's immediate family;
6847	(v) legal counsel of the individual to be committed, if any;
5848	(vi) the division; and
5849	(vii) any other person to whom the individual requests, or the court designates, notice
6850	to be given.
5851	(b) If an individual cannot or refuses to disclose the identity of persons to be notified,
5852	the extent of notice shall be determined by the court.
6853	(7) That notice shall:
6854	(a) set forth the allegations of the petition and all supporting facts;
6855	(b) be accompanied by a copy of any detention order issued under Subsection (3); and
6856	(c) state that a hearing will be held within the time provided by law, and give the time
5857	and place for that hearing.
5858	(8) The court may transfer the case and the custody of the individual to be committed

to any other district court within the state, if:

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6860 (a) there are no appropriate facilities for persons with an intellectual disability within 6861 the judicial district; and (b) the transfer will not be adverse to the interests of the individual. 6862 (9) (a) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, after any 6863 6864 order or commitment under a detention order, the court shall appoint two designated 6865 intellectual disability professionals to examine the individual. If requested by the individual's 6866 counsel, the court shall appoint a reasonably available, qualified person designated by counsel 6867 to be one of the examining designated intellectual disability professionals. The examinations 6868 shall be conducted: 6869 (i) separately; 6870 (ii) at the home of the individual to be committed, a hospital, an intermediate care 6871 facility for people with an intellectual disability, or any other suitable place not likely to have a 6872 harmful effect on the individual; and 6873 (iii) within a reasonable period of time after appointment of the examiners by the court. 6874 (b) The court shall set a time for a hearing to be held within 10 court days of the 6875 appointment of the examiners. However, the court may immediately terminate the proceedings 6876 and dismiss the application if, prior to the hearing date, the examiners, the director, or his 6877 designee informs the court that: 6878 (i) the individual does not have an intellectual disability; or 6879 (ii) treatment programs are available and will be used by the individual without court proceedings. 6880 6881 (10) (a) Each individual has the right to be represented by counsel at the commitment 6882 hearing and in all preliminary proceedings. If neither the individual nor others provide counsel, 6883 the court shall appoint counsel and allow sufficient time for counsel to consult with the 6884 individual prior to any hearing.

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(b) If the individual is indigent, the county in which the individual was physically

located when taken into custody shall pay reasonable attorney fees as determined by the court.

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food, clothing, or shelter; or

6887	(11) The division or a designated intellectual disability professional in charge of the
6888	individual's care shall provide all documented information on the individual to be committed
6889	and to the court at the time of the hearing. The individual's attorney shall have access to all
6890	documented information on the individual at the time of and prior to the hearing.
6891	(12) (a) The court shall provide an opportunity to the individual, the petitioner, and all
6892	other persons to whom notice is required to be given to appear at the hearing, to testify, and to
6893	present and cross-examine witnesses.
6894	(b) The court may, in its discretion:
6895	(i) receive the testimony of any other person;
6896	(ii) allow a waiver of the right to appear only for good cause shown;
6897	(iii) exclude from the hearing all persons not necessary to conduct the proceedings; and
6898	(iv) upon motion of counsel, require the testimony of each examiner to be given out of
6899	the presence of any other examiner.
6900	(c) The hearing shall be conducted in as informal a manner as may be consistent with
6901	orderly procedure, and in a physical setting that is not likely to have a harmful effect on the
6902	individual. The Utah Rules of Evidence apply, and the hearing shall be a matter of court
6903	record. A verbatim record of the proceedings shall be maintained.
6904	(13) The court may order commitment if, upon completion of the hearing and
6905	consideration of the record, it finds by clear and convincing evidence that all of the following
6906	conditions are met:
6907	(a) the individual to be committed has an intellectual disability;
6908	(b) because of the individual's intellectual disability one or more of the following
6909	conditions exist:
6910	(i) the individual poses an immediate danger of physical injury to self or others;
6911	(ii) the individual lacks the capacity to provide the basic necessities of life, such as

(iii) the individual is in immediate need of habilitation, rehabilitation, care, or

treatment to minimize the effects of the condition which poses a threat of serious physical or psychological injury to the individual, and the individual lacks the capacity to engage in a rational decision-making process concerning the need for habilitation, rehabilitation, care, or treatment, as evidenced by an inability to weigh the possible costs and benefits of the care or treatment and the alternatives to it:

- (c) there is no appropriate, less restrictive alternative reasonably available; and
- (d) the division or the intermediate care facility for people with an intellectual disability recommended by the division in which the individual is to be committed can provide the individual with treatment, care, habilitation, or rehabilitation that is adequate and appropriate to the individual's condition and needs.
- (14) In the absence of any of the required findings by the court, described in Subsection (13), the court shall dismiss the proceedings.
- (15) (a) The order of commitment shall designate the period for which the individual will be committed. An initial commitment may not exceed six months. Before the end of the initial commitment period, the administrator of the intermediate care facility for people with an intellectual disability shall commence a review hearing on behalf of the individual.
- (b) At the conclusion of the review hearing, the court may issue an order of commitment for up to a one-year period.
- (16) An individual committed under this part has the right to a rehearing, upon filing a petition with the court within 30 days after entry of the court's order. If the petition for rehearing alleges error or mistake in the court's findings, the court shall appoint one impartial licensed physician and two impartial designated intellectual disability professionals who have not previously been involved in the case to examine the individual. The rehearing shall, in all other respects, be conducted in accordance with this part.
- (17) (a) The court shall maintain a current list of all individuals under its orders of commitment. That list shall be reviewed in order to determine those patients who have been under an order of commitment for the designated period.

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6941	(b) At least two weeks prior to the expiration of the designated period of any
6942	commitment order still in effect, the court that entered the original order shall inform the
6943	director of the division of the impending expiration of the designated commitment period.
6944	(c) The staff of the division shall immediately:
6945	(i) reexamine the reasons upon which the order of commitment was based and report
6946	the results of the examination to the court;
6947	(ii) discharge the resident from involuntary commitment if the conditions justifying
6948	commitment no longer exist; and
6949	(iii) immediately inform the court of any discharge.
6950	(d) If the director of the division reports to the court that the conditions justifying
6951	commitment no longer exist, and the administrator of the intermediate care facility for people
6952	with an intellectual disability does not discharge the individual at the end of the designated
6953	period, the court shall order the immediate discharge of the individual, unless involuntary
6954	commitment proceedings are again commenced in accordance with this section.
6955	(e) If the director of the division, or the director's designee reports to the court that the
6956	conditions designated in Subsection (13) still exist, the court may extend the commitment order
6957	for up to one year. At the end of any extension, the individual must be reexamined in
6958	accordance with this section, or discharged.
6959	(18) When a resident is discharged under this subsection, the division shall provide any
6960	further support services available and required to meet the resident's needs.
6961	Section 193. Section 26B-6-609, which is renumbered from Section 62A-5-313 is
6962	renumbered and amended to read:
6963	[62A-5-313]. <u>26B-6-609.</u> Transfer Procedures.
6964	(1) The director of the division, or the director's designee, may place an involuntarily

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committed resident in appropriate care or treatment outside the intermediate care facility for

people with an intellectual disability. During that placement, the order of commitment shall

remain in effect, until the resident is discharged or the order is terminated.

6968	(2) If the resident, or the resident's parent or guardian, objects to a proposed placement
6969	under this section, the resident may appeal the decision to the executive director or the
6970	executive director's designee. Those appeals shall be conducted in accordance with the
6971	procedures and requirements of Title 63G, Chapter 4, Administrative Procedures Act. If an
6972	objection is made, the proposed placement may not take effect until the committee holds that
6973	hearing and the executive director makes a final decision on the placement.
6974	Section 194. Section 26B-6-610, which is renumbered from Section 62A-5-315 is
6975	renumbered and amended to read:
6976	[62A-5-315]. 26B-6-610. Petition for reexamination.
6977	(1) A resident committed under Section [62A-5-312] 26B-6-608, or his parent, spouse,
6978	legal guardian, relative, or attorney, may file a petition for reexamination with the district court
6979	of the county in which the resident is domiciled or detained.
6980	(2) Upon receipt of that petition, the court shall conduct proceedings under Section
6981	[62A-5-312] <u>26B-6-608</u> .
6982	Section 195. Section 26B-6-611, which is renumbered from Section 62A-5-316 is
6983	renumbered and amended to read:
6984	[62A-5-316]. <u>26B-6-611.</u> Temporary detention.
6985	(1) Pending removal to an intermediate care facility for people with an intellectual
6986	disability, an individual taken into custody or ordered to be committed under this part may be
6987	detained in the individual's home, or in some other suitable facility.
6988	(2) The individual shall not, however, be detained in a nonmedical facility used for
6989	detention of individuals charged with or convicted of penal offenses, except in a situation of
6990	extreme emergency.
6991	(3) The division shall take reasonable measures, as may be necessary, to assure proper
6992	care of an individual temporarily detained under this part.
6993	Section 196. Section 26B-6-612 , which is renumbered from Section 62A-5-317 is

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renumbered and amended to read:

[62A-5-31 '	⁷]. 26B-6-612.	Authority to	transfer	resident.

- (1) The administrator of an intermediate care facility for people with an intellectual disability, or the administrator's designee, may transfer or authorize the transfer of a resident to another intermediate care facility for people with an intellectual disability if, before the transfer, the administrator conducts a careful evaluation of the resident and the resident's treatment needs, and determines that a transfer would be in the best interest of that resident. If a resident is transferred, the administrator shall give immediate notice of the transfer to the resident's spouse, guardian, parent, or advocate or, if none of those persons are known, to the resident's nearest known relative.
- (2) If a resident, or the resident's parent or guardian, objects to a proposed transfer under this section, the administrator shall conduct a hearing on the objection before a committee composed of persons selected by the administrator. That committee shall hear all evidence and make a recommendation to the administrator concerning the proposed transfer. The transfer may not take effect until the committee holds that hearing and the administrator renders a final decision on the proposed transfer.
- Section 197. Section **26B-6-613**, which is renumbered from Section 62A-5-318 is renumbered and amended to read:
- [62A-5-318]. 26B-6-613. Involuntary treatment with medication -- Committee -- Findings.
 - (1) If, after commitment, a resident elects to refuse treatment with medication, the director, the administrator of the intermediate care facility for people with an intellectual disability, or a designee, shall submit documentation regarding the resident's proposed treatment to a committee composed of:
 - (a) a licensed physician experienced in treating persons with an intellectual disability, who is not directly involved in the resident's treatment or diagnosis, and who is not biased toward any one facility;
 - (b) a psychologist who is a designated intellectual disability professional who is not

directly involved in the resident's treatment or diagnosis; and

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(c) another designated intellectual disability professional of the facility for persons with an intellectual disability, or a designee.

- (2) Based upon the court's finding, under Subsection [62A-5-312] 26B-6-608(13), that the resident lacks the ability to engage in a rational decision-making process regarding the need for habilitation, rehabilitation, care, or treatment, as demonstrated by evidence of inability to weigh the possible costs and benefits of treatment, the committee may authorize involuntary treatment with medication if it determines that:
- (a) the proposed treatment is in the medical best interest of the resident, taking into account the possible side effects as well as the potential benefits of the medication; and
- (b) the proposed treatment is in accordance with prevailing standards of accepted medical practice.
- (3) In making the determination described in Subsection (2), the committee shall consider the resident's general history and present condition, the specific need for medication and its possible side effects, and any previous reaction to the same or comparable medication.
- (4) Any authorization of involuntary treatment under this section shall be periodically reviewed in accordance with rules promulgated by the division.
- Section 198. Section **26B-6-701**, which is renumbered from Section 62A-5-501 is renumbered and amended to read:

Part 7. Disability Ombudsman

[62A-5-501]. 26B-6-701. Definitions.

- [As] In addition to the definitions in Section 26B-6-401, as used in this part:
- 7044 (1) "Complainant" means a person who initiates a complaint.
 - (2) "Complaint" means a complaint initiated with the ombudsman identifying a person who has violated the rights and privileges of an individual with a disability.
- 7047 (3) "Ombudsman" means the ombudsman appointed in Section [62A-5-502] 7048 26B-6-702.

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7049	(4) "Rights and privileges of an individual with a disability" means the rights and
7050	privileges of an individual with a disability described in Subsections [62A-5b-103]
7051	<u>26B-6-802</u> (1) through (3).
7052	Section 199. Section 26B-6-702, which is renumbered from Section 62A-5-502 is
7053	renumbered and amended to read:
7054	[62A-5-502]. <u>26B-6-702.</u> Disability ombudsman Purpose Appointment
7055	Qualifications Staff.
7056	(1) There is created within the [division] department the position of disability
7057	ombudsman for the purpose of promoting, advocating, and ensuring the rights and privileges of
7058	an individual with a disability are upheld.
7059	(2) The director shall appoint an ombudsman who has:
7060	(a) recognized executive and administrative capacity; and
7061	(b) experience in laws and policies regarding individuals with a disability.
7062	(3) The ombudsman may hire staff as necessary to carry out the duties of the
7063	ombudsman under this part.
7064	Section 200. Section 26B-6-703, which is renumbered from Section 62A-5-503 is
7065	renumbered and amended to read:
7066	[62A-5-503]. 26B-6-703. Powers and duties of ombudsman.
7067	The ombudsman shall:
7068	(1) develop and maintain expertise in laws and policies governing the rights and
7069	privileges of an individual with a disability;
7070	(2) provide training and information to private citizens, civic groups, governmental
7071	entities, and other interested parties across the state regarding:
7072	(a) the role and duties of the ombudsman;
7073	(b) the rights and privileges of an individual with a disability; and
7074	(c) services available in the state to an individual with a disability;
7075	(3) develop a website to provide the information described in Subsection (2) in a form

7076	that is easily accessible;
7077	(4) receive, process, and investigate complaints in accordance with this part;
7078	(5) review periodically the procedures of state entities that serve individuals with a
7079	disability;
7080	(6) cooperate and coordinate with governmental entities and other organizations in the
7081	community in exercising the duties under this section, including the long-term care
7082	ombudsman program, created in Section [62A-3-203] 26B-2-303, and the child protection
7083	ombudsman, appointed under Section [62A-4a-208] 80-2-1104, when there is overlap between
7084	the responsibilities of the ombudsman and the long-term care ombudsman program or the child
7085	protection ombudsman;
7086	(7) as appropriate, make recommendations to the division regarding rules to be made in
7087	accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that the
7088	ombudsman considers necessary to carry out the ombudsman's duties under this part;
7089	(8) submit annually, by July 1, to the Health and Human Services Interim Committee, a
7090	report describing:
7091	(a) the work of the ombudsman; and
7092	(b) any recommendations for statutory changes to improve the effectiveness of the
7093	ombudsman in performing the duties under this section; and
7094	(9) perform other duties required by law.
7095	Section 201. Section 26B-6-704, which is renumbered from Section 62A-5-504 is
7096	renumbered and amended to read:
7097	[62A-5-504]. <u>26B-6-704.</u> Investigation of complaints Procedures
7098	Rulemaking.
7099	(1) Except as provided in Subsection (3), the ombudsman shall, upon receipt of a
7100	complaint, investigate the complaint.
7101	(2) An ombudsman's investigation of a complaint may include:

(a) a referral to a governmental entity or other services;

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/103	(b) the collection of facts, information, or documentation;
7104	(c) holding an investigatory hearing; or
7105	(d) an inspection of the premises of the person named in the complaint.
7106	(3) (a) The ombudsman may decline to investigate a complaint.
7107	(b) If the ombudsman declines to investigate a complaint, the ombudsman shall notify
7108	the complainant and the division of the declination.
7109	(4) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah
7110	Administrative Rulemaking Act, that govern the ombudsman's process for:
7111	(a) receiving and processing complaints; and
7112	(b) conducting an investigation in accordance with this section.
7113	Section 202. Section 26B-6-705, which is renumbered from Section 62A-5-505 is
7114	renumbered and amended to read:
7115	[62A-5-505]. <u>26B-6-705.</u> Confidentiality of materials relating to
7116	complaints or investigations Rulemaking.
7117	(1) The division shall establish procedures by rule made in accordance with Title 63G
7118	Chapter 3, Utah Administrative Rulemaking Act, to ensure that a record maintained by the
7119	ombudsman is disclosed only at the discretion of and under the authority of the ombudsman.
7120	(2) The identity of a complainant or a party named in the complaint may not be
7121	disclosed by the ombudsman unless:
7122	(a) the complainant or a legal representative of the complainant consents to the
7123	disclosure;
7124	(b) disclosure is ordered by a court of competent jurisdiction; or
7125	(c) the disclosure is approved by the ombudsman and is made, as part of an
7126	investigation involving the complainant, to an agency or entity in the community that:
7127	(i) has statutory responsibility for the complainant, over the action alleged in the
7128	complaint, or another party named in the complaint;
7129	(ii) is able to assist the ombudsman to achieve resolution of the complaint; or

/130	(111) is able to provide expertise that would benefit the complainant.
7131	(3) Neither the ombudsman nor the ombudsman's designee may be required to testify in
7132	court with respect to confidential matters, except as the court finds necessary to enforce this
7133	part.
7134	Section 203. Section 26B-6-801, which is renumbered from Section 62A-5b-102 is
7135	renumbered and amended to read:
7136	Part 8. Rights and Privileges of Minors and Individuals with a Disability
7137	[62A-5b-102]. <u>26B-6-801.</u> Definitions.
7138	As used in this [chapter] part:
7139	(1) "Disability" has the same meaning as defined in 42 U.S.C. Sec. 12102 of the
7140	Americans With Disabilities Act of 1990, as may be amended in the future, and 28 C.F.R. Sec.
7141	36.104 of the Code of Federal Regulations, as may be amended in the future.
7142	(2) "Informed consent" means consent that is voluntary and based on an understanding
7143	by the person to be sterilized of the nature and consequences of sterilization, the reasonably
7144	foreseeable risks and benefits of sterilization, and the available alternative methods of
7145	contraception.
7146	(3) "Institutionalized" means residing in the Utah State Developmental Center, the
7147	Utah State Hospital, a residential facility for persons with a disability as defined in Sections
7148	10-9a-103 and 17-27a-103, a group home for persons with a disability, a nursing home, or a
7149	foster care home or facility.
7150	[(2)] (4) (a) "Service animal" includes any dog that:
7151	(i) is trained, or is in training, to do work or perform tasks for the benefit of an
7152	individual with a disability, including a physical, sensory, psychiatric, intellectual, or other
7153	mental disability; and
7154	(ii) performs work or tasks, or is in training to perform work or tasks, that are directly
7155	related to the individual's disability, including:
7156	(A) assisting an individual who is blind or has low vision with navigation or other

7157	tasks;
7158	(B) alerting an individual who is deaf or hard of hearing to the presence of people or
7159	sounds;
7160	(C) providing non-violent protection or rescue work;
7161	(D) pulling a wheelchair;
7162	(E) assisting an individual during a seizure;
7163	(F) alerting an individual to the presence of an allergen;
7164	(G) retrieving an item for the individual;
7165	(H) providing physical support and assistance with balance and stability; or
7166	(I) helping an individual with a psychiatric or neurological disability by preventing or
7167	interrupting impulsive or destructive behaviors.
7168	(b) "Service animal" does not include:
7169	(i) an animal other than a dog, whether wild or domestic, trained or untrained; or
7170	(ii) an animal used solely to provide:
7171	(A) a crime deterrent;
7172	(B) emotional support;
7173	(C) well-being;
7174	(D) comfort; or
7175	(E) companionship.
7176	(5) "Sterilization" means any medical procedure, treatment, or operation rendering an
7177	individual permanently incapable of procreation.
7178	[(3)] (6) "Support animal" means an animal, other than a service animal, that qualifies
7179	as a reasonable accommodation under federal law for an individual with a disability.
7180	Section 204. Section 26B-6-802, which is renumbered from Section 62A-5b-103 is
7181	renumbered and amended to read:
7182	[62A-5b-103]. <u>26B-6-802.</u> Rights and privileges of an individual with a
7183	disability.

(1) An individual with a disability has the same rights and privileges in the use of highways, streets, sidewalks, walkways, public buildings, public facilities, and other public areas as an individual who is not an individual with a disability.

- (2) An individual with a disability has equal rights to accommodations, advantages, and facilities offered by common carriers, including air carriers, railroad carriers, motor buses, motor vehicles, water carriers, and all other modes of public conveyance in this state.
- (3) An individual with a disability has equal rights to accommodations, advantages, and facilities offered by hotels, motels, lodges, and all other places of public accommodation in this state, and to places of amusement or resort to which the public is invited.
- (4) (a) An individual with a disability has equal rights and access to public and private housing accommodations offered for rent, lease, or other compensation in this state.
- (b) This chapter does not require a person renting, leasing, or selling private housing or real property to modify the housing or property in order to accommodate an individual with a disability or to provide a higher degree of care for that individual than for someone who is not an individual with a disability.
- (c) A person renting, leasing, or selling private housing or real property to an individual with a disability shall comply with the provisions of Section [62A-5b-104] 26B-6-803.
- Section 205. Section **26B-6-803**, which is renumbered from Section 62A-5b-104 is renumbered and amended to read:
- [62A-5b-104]. 26B-6-803. Right to be accompanied by service animal or support animal -- Security deposits -- Discrimination -- Liability.
- (1) (a) An individual with a disability has the right to be accompanied by a service animal, unless the service animal is a danger or nuisance to others as interpreted under the Americans with Disabilities Act of 1990, 42 U.S.C. Sec. 12102:
 - (i) in any of the places specified in Section [62A-5b-103] 26B-6-802; and
- 7210 (ii) without additional charge for the service animal.

7211	(b) An owner or lessor of private housing accommodations:
7212	(i) may not, in any manner, discriminate against an individual with a disability on the
7213	basis of the individual's possession of a service animal or a support animal, including by
7214	charging an extra fee or deposit for a service animal or a support animal; and
7215	(ii) may recover a reasonable cost to repair damage caused by a service animal or a
7216	support animal.
7217	(2) An individual who is not an individual with a disability has the right to be
7218	accompanied by an animal that is in training to become a service animal or a police service
7219	canine, as defined in Section 53-16-102:
7220	(a) in any of the places specified in Section $[62A-5b-103]$ $26B-6-802$; and
7221	(b) without additional charge for the animal.
7222	(3) An individual described in Subsection (1) or (2) is liable for any loss or damage the
7223	individual's accompanying service animal, support animal, or animal described in Subsection
7224	(2) causes or inflicts to the premises of a place specified in Section [62A-5b-103] 26B-6-802.
7225	(4) Nothing in this section prohibits the exclusion, as permitted under federal law, of a
7226	service animal or a support animal from a place described in Section [62A-5b-103] 26B-6-802.
7227	Section 206. Section 26B-6-804, which is renumbered from Section 62A-5b-105 is
7228	renumbered and amended to read:
7229	[62A-5b-105]. 26B-6-804. Policy of state to employ individuals with a
7230	disability.
7231	It is the policy of this state that an individual with a disability is employed in the state
7232	service, the service of the political subdivisions of the state, in the public schools, and in all
7233	other employment supported in whole or in part by public funds on the same terms and
7234	conditions as an individual who is not an individual with a disability, unless it is shown that the
7235	particular disability prevents the performance of the work involved.
7236	Section 207. Section 26B-6-805, which is renumbered from Section 62A-5b-106 is
7237	renumbered and amended to read:

7238	[62A-5b-106]. <u>26B-6-805.</u> Interference with rights provided in this part
7239	Misrepresentation of rights under this part.
7240	(1) Any individual, or agent of any individual, who denies or interferes with the rights
7241	provided in this chapter is guilty of a class C misdemeanor.
7242	(2) An individual is guilty of a class C misdemeanor if:
7243	(a) the individual intentionally and knowingly falsely represents to another person that
7244	an animal is a service animal or a support animal;
7245	(b) the individual knowingly and intentionally misrepresents a material fact to a health
7246	care provider for the purpose of obtaining documentation from the health care provider
7247	necessary to designate an animal as a service animal or a support animal; or
7248	(c) the individual, except for an individual with a disability, uses an animal to gain
7249	treatment or benefits only provided for an individual with a disability.
7250	(3) This section does not affect the enforceability of any criminal law, including
7251	Subsection 76-6-501(2).
7252	(4) An agent of a protection and advocacy agency, acting in the agent's professional
7253	capacity and in compliance with 29 U.S.C. Sec. 794e et seq., 42 U.S.C. Sec. 15041 et seq., and
7254	42 U.S.C. Sec. 1801 et seq., is not criminally liable under Subsection (2).
7255	Section 208. Section 26B-6-806, which is renumbered from Section 62A-6-102 is
7256	renumbered and amended to read:
7257	[62A-6-102]. <u>26B-6-806.</u> Sterilization of persons 18 years old or older.
7258	(1) It is lawful for a physician to sterilize a person who is 18 years [of age] old or older
7259	and who has the capacity to give informed consent.
7260	(2) It is unlawful for a physician to sterilize a person who is 18 years [of age] old or
7261	older and who is institutionalized, unless:
7262	(a) the physician, through careful examination and counseling, ensures that the person
7263	is capable of giving informed consent and that no undue influence or coercion to consent has
7264	been placed on that person by nature of the fact that he is institutionalized; or

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7265	(b) the person is not capable of giving informed consent, a petition has been filed in
7266	accordance with Section [62A-6-107] 26B-6-811, and an order authorizing the sterilization has
7267	been entered by a court of competent jurisdiction.
7268	(3) It is unlawful for a physician to sterilize a person who is 18 years [of age] old or
7269	older and who is not capable of giving informed consent unless a petition has been filed in
7270	accordance with Section [62A-6-107] 26B-6-811 and an order authorizing sterilization has
7271	been entered by a court of competent jurisdiction.
7272	Section 209. Section 26B-6-807, which is renumbered from Section 62A-6-103 is
7273	renumbered and amended to read:
7274	[62A-6-103]. 26B-6-807. Sterilization of persons under 18 years old.
7275	It is unlawful for a physician to sterilize a person who is under 18 years [of age] old
7276	unless:
7277	(1) the person is married or otherwise emancipated and the physician, through careful
7278	examination and counseling, ensures that the person is capable of giving informed consent. If
7279	that person is institutionalized, the physician shall also ensure that no undue influence or
7280	coercion to consent has been placed on the person by nature of the fact that [he] the person is
7281	institutionalized; or
7282	(2) a petition has been filed in accordance with Section [62A-6-107] 26B-6-811, and
7283	an order authorizing sterilization has been entered by a court of competent jurisdiction.
7284	Section 210. Section 26B-6-808, which is renumbered from Section 62A-6-104 is
7285	renumbered and amended to read:
7286	[62A-6-104]. <u>26B-6-808.</u> Emergency Medical necessity.
7287	If an emergency situation exists that prevents compliance with Section [62A-6-102 or
7288	62A-6-103] 26B-6-806 or 26B-6-807 because of medical necessity, if delay in performing the

sterilization could result in serious physical injury or death to the person, the attending

physician shall certify, in writing, the specific medical reasons that necessitated suspension of

those requirements. That certified statement shall become a permanent part of the sterilized

7292	person's medical record.
7293	Section 211. Section 26B-6-809, which is renumbered from Section 62A-6-105 is
7294	renumbered and amended to read:
7295	[62A-6-105]. <u>26B-6-809.</u> Persons who may give informed consent.
7296	For purposes of this [chapter] part, the following persons may give informed consent to
7297	sterilization:
7298	(1) a person who is the subject of sterilization, if [he] the person is capable of giving
7299	informed consent; and
7300	(2) a person appointed by the court to give informed consent on behalf of a subject of
7301	sterilization who is incapable of giving informed consent.
7302	Section 212. Section 26B-6-810, which is renumbered from Section 62A-6-106 is
7303	renumbered and amended to read:
7304	[62A-6-106]. <u>26B-6-810.</u> Declaration of capacity to give informed consent
7305	Hearing.
7306	(1) A person who desires sterilization but whose capacity to give informed consent is
7307	questioned by any interested party may file a petition for declaration of capacity to give
7308	informed consent.
7309	(2) If, after hearing all the relevant evidence, the court finds by a preponderance of the
7310	evidence that the person is capable of giving informed consent, the court shall enter an order
7311	declaring that the person has the capacity to give informed consent.
7312	Section 213. Section 26B-6-811, which is renumbered from Section 62A-6-107 is
7313	renumbered and amended to read:
7314	[62A-6-107]. 26B-6-811. Petition for order authorizing sterilization.
7315	(1) A petition for an order authorizing sterilization may be filed by a person who
7316	desires sterilization, or by [his] the person's parent, spouse, guardian, custodian, or other
7317	interested party.
7318	(2) The court shall adjudicate the petition for sterilization in accordance with Section

7319	[62A-6-108] <u>26B-6-812</u> .
7320	Section 214. Section 26B-6-812, which is renumbered from Section 62A-6-108 is
7321	renumbered and amended to read:
7322	[62A-6-108]. <u>26B-6-812.</u> Factors to be considered by court Evaluations
7323	Interview Findings of fact.
7324	(1) If the court finds that the subject of sterilization is not capable of giving informed
7325	consent, the court shall consider, but not by way of limitation, the following factors concerning
7326	that person:
7327	(a) the nature and degree of [his] the person's mental impairment, and the likelihood
7328	that the condition is permanent;
7329	(b) the level of [his] the person's understanding regarding the concepts of reproduction
7330	and contraception, and whether [his] the person's ability to understand those concepts is likely
7331	to improve;
7332	(c) [his] the person's capability for procreation or reproduction[. It is], with a
7333	rebuttable presumption that the ability to procreate and reproduce exists in a person of normal
7334	physical development;
7335	(d) the potentially injurious physical and psychological effects from sterilization,
7336	pregnancy, childbirth, and parenthood;
7337	(e) the alternative methods of birth control presently available including, but not
7338	limited to, drugs, intrauterine devices, education and training, and the feasibility of one or more
7339	of those methods as an alternative to sterilization;
7340	(f) the likelihood that [he] the person will engage in sexual activity or could be
7341	sexually abused or exploited;
7342	(g) the method of sterilization that is medically advisable, and least intrusive and
7343	destructive of [his] the person's rights to bodily and psychological integrity;
7344	(h) the advisability of postponing sterilization until a later date; and

(i) the likelihood that [he] the person could adequately care and provide for a child.

7346	(2) (a) The court may require that independent medical, psychological, and social
7347	evaluations of the subject of sterilization be made prior to ruling on a petition for sterilization.
7348	(b) The court may appoint experts to perform those examinations and evaluations and
7349	may require the petitioner, to the extent of the petitioner's ability, to bear the costs incurred.
7350	(3) (a) The court shall interview the subject of sterilization to determine [his] the
7351	person's understanding of and desire for sterilization.
7352	(b) The expressed preference of the person shall be made a part of the record, and shall
7353	be considered by the court in rendering its decision.
7354	(c) The court is not bound by the expressed preference of the subject of sterilization;
7355	however, if the person expresses a preference not to be sterilized, the court shall deny the
7356	petition unless the petitioner proves beyond a reasonable doubt that the person will suffer
7357	serious physical or psychological injury if the petition is denied.
7358	(4) (a) When adjudicating a petition for sterilization the court shall determine, on the
7359	basis of all the evidence, what decision regarding sterilization would have been made by the
7360	subject of sterilization, if [he] the person were capable of giving informed consent to
7361	sterilization.
7362	(b) The decision regarding sterilization shall be in the best interest of the person to be
7363	sterilized.
7364	(5) If the court grants a petition for sterilization, [it] the court shall make appropriate
7365	findings of fact in support of its order.
7366	Section 215. Section 26B-6-813, which is renumbered from Section 62A-6-109 is
7367	renumbered and amended to read:
7368	[62A-6-109]. <u>26B-6-813.</u> Advanced hearing.
7369	On motion by the person seeking sterilization or by any other party to the proceeding,
7370	the court may advance hearing on the petition.
7371	Section 216. Section 26B-6-814, which is renumbered from Section 62A-6-110 is
7372	renumbered and amended to read:

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7373	[62A-6-110].	26B-6-814. Notice of hearing Service.
7374	(1) A copy of the pe	etition and notice of the hearing shall be served personally on the
7375	person to be sterilized not le	ess than 20 days before the hearing date.
7376	(2) The notice shall	state the date, time, and place of the hearing, and shall specifically
7377	state that the hearing is to ac	djudicate either a petition for declaration of capacity to give
7378	informed consent to steriliz	ation or a petition for sterilization.
7379	(3) Notice shall be	served on that person's parents, spouse, guardian, or custodian and
7380	on his attorney by the clerk	of the court, by certified mail, not less than 10 days before the
7381	hearing date.	
7382	Section 217. Section	n 26B-6-815 , which is renumbered from Section 62A-6-111 is
7383	renumbered and amended to	read:
7384	[62A-6-111].	26B-6-815. Guardian ad litem Procedural rights.
7385	(1) The court shall a	appoint an attorney to act as guardian ad litem to defend the rights
7386	and interests of the person t	o be sterilized.
7387	(2) The person to be	e sterilized is entitled to appear and testify at the hearing, to
7388	examine and cross examine	witnesses, and to compel the attendance of witnesses.
7389	(3) $\underline{\text{(a)}}$ The person v	who is the subject of a sterilization proceeding may, on motion to
7390	the court and for good cause	e shown, waive the right to be present at the hearing.
7391	(b) If the court gran	ts that motion, the person shall be represented by a guardian ad
7392	litem at the hearing.	
7393	Section 218. Section	n 26B-6-816 , which is renumbered from Section 62A-6-112 is
7394	renumbered and amended to	read:
7395	[62A-6-112].	26B-6-816. Jury Rules of evidence Transcript Burden
7396	of proof.	
7397	(1) The petitioner is	s entitled to request a jury to hear the petition.
7398	(2) The rules of evi	dence apply in any hearing on a petition for sterilization.

(3) A transcript shall be made of the hearing and shall be made a permanent part of the

/400	record.
7401	[(2)] (4) The burden of producing evidence and the burden of proof shall be upon the
7402	petitioner to prove by clear and convincing evidence that the petition for or order authorizing
7403	sterilization should be granted.
7404	Section 219. Section 26B-6-817, which is renumbered from Section 62A-6-113 is
7405	renumbered and amended to read:
7406	[62A-6-113]. <u>26B-6-817.</u> Appeal to Supreme Court Stay.
7407	(1) Any party to a proceeding under this chapter may file a notice of appeal from any
7408	adverse decision with the Supreme Court in accordance with Rule 73, Utah Rules of Civil
7409	Procedure.
7410	(2) The pendency of an appeal in the Supreme Court shall stay the proceedings until
7411	the appeal is finally determined.
7412	Section 220. Section 26B-6-818, which is renumbered from Section 62A-6-114 is
7413	renumbered and amended to read:
7414	[62A-6-114]. <u>26B-6-818.</u> Treatment for therapeutic reasons unaffected.
7415	Nothing in this chapter shall be construed to prevent the medical or surgical treatment,
7416	for sound therapeutic reasons, of any person by a physician or surgeon licensed by this state,
7417	which treatment may incidentally involve destruction of reproductive functions.
7418	Section 221. Section 26B-6-819, which is renumbered from Section 62A-6-115 is
7419	renumbered and amended to read:
7420	[62A-6-115]. <u>26B-6-819.</u> Immunity.
7421	(1) A physician, assistant, or any other person acting pursuant to an order authorizing
7422	sterilization, as provided in this [chapter] part, is not civilly or criminally liable for
7423	participation in or assistance to sterilization.
7424	(2) This section does not apply to negligent acts committed in the performance of
7425	sterilization.
7426	Section 222. Section 26B-6-820, which is renumbered from Section 62A-6-116 is

7427	renumbered and amended t	o read:
7428	[62A-6-116].	26B-6-820. Unauthorized sterilization Criminal penalty.
7429	Except as authorize	d by this [chapter] part, any person who intentionally performs,
7430	encourages, assists in, or of	therwise promotes the performance of a sterilization procedure for
7431	the purpose of destroying the	he power to procreate the human species, with knowledge that the
7432	provisions of this [chapter]	part have not been met, is guilty of a third degree felony.
7433	Section 223. Section	on 26B-6-821 , which is renumbered from Section 62A-5b-107 is
7434	renumbered and amended t	o read:
7435	[62A-5b-107].	26B-6-821. Annual "White Cane Safety Day" proclaimed.
7436	Each year the gover	nor shall take notice of October 15 as White Cane Safety Day.
7437	Section 224. Section	on 26B-7-101 is amended to read:
7438	СНА	PTER 7. PUBLIC HEALTH AND PREVENTION
7439		Part 1. Health Promotion and Risk Reduction
7440	26B-7-101. Defini	tions.
7441	[Reserved] As used	in this part:
7442	(1) "Down syndron	ne" means a genetic condition associated with an extra chromosome
7443	21, in whole or in part, or a	an effective trisomy for chromosome 21.
7444	(2) "Maternal and o	child health services" means:
7445	(a) the provision of	f educational, preventative, diagnostic, and treatment services,
7446	including medical care, hos	spitalization, and other institutional care and aftercare, appliances,
7447	and facilitating services dir	ected toward reducing infant mortality and improving the health of
7448	mothers and children provi	ded, however, that nothing in this Subsection (2) shall be construed
7449	to allow any agency of the	state to interfere with the rights of the parent of an unmarried minor
7450	in decisions about the prov	iding of health information or services;
7451	(b) the developmen	nt, strengthening, and improvement of standards and techniques
7452	relating to the services and	care;
7453	(c) the training of p	personnel engaged in the provision, development, strengthening, or

7454	improvement of the services and care; and
7455	(d) necessary administrative services connected with Subsections (2)(a), (b), and (c).
7456	(3) "Minor" means a person under 18 years old.
7457	(4) "Services to children with disabilities" means:
7458	(a) the early location of children with a disability, provided that any program of
7459	prenatal diagnosis for the purpose of detecting the possible disease or disabilities of an unborn
7460	child will not be used for screening, but rather will be utilized only when there are medical or
7461	genetic indications that warrant diagnosis;
7462	(b) the provision for children described in Subsection (4)(a), of preventive, diagnosis,
7463	and treatment services, including medical care, hospitalization, and other institutional care and
7464	aftercare, appliances, and facilitating services directed toward the diagnosis of the condition of
7465	those children or toward the restoration of the children to maximum physical and mental
7466	health;
7467	(c) the development, strengthening, and improvement of standards and techniques
7468	relating to services and care described in this Subsection (4);
7469	(d) the training of personnel engaged in the provision, development, strengthening, or
7470	improvement of services and care described in this Subsection (4); and
7471	(e) necessary administrative services connected with Subsections (4)(a), (b), and (c).
7472	Section 225. Section 26B-7-102, which is renumbered from Section 26-10-3 is
7473	renumbered and amended to read:
7474	$[\frac{26-10-3}{2}]$. <u>26B-7-102.</u> Director of family health services programs.
7475	The executive director may appoint a director of family health services programs who
7476	shall be a board certified pediatrician or obstetrician with at least two years experience in
7477	public health programs.
7478	Section 226. Section 26B-7-103, which is renumbered from Section 26-10-4 is
7479	renumbered and amended to read:
7480	[26-10-4]. <u>26B-7-103.</u> State plan for maternal and child health services.

7481	The department shall prepare and submit a state plan for maternal and child health
7482	services as required by Title II of the Public Health Services Act. The plan shall be the official
7483	state plan for the state and shall be used as the basis for administration of Title V programs
7484	within the state.
7485	Section 227. Section 26B-7-104, which is renumbered from Section 26-10-5.5 is
7486	renumbered and amended to read:
7487	[26-10-5.5]. <u>26B-7-104.</u> Child literacy Distribution of information kits.
7488	(1) The Legislature recognizes that effective child literacy programs can have a
7489	dramatic long-term impact on each child's ability to:
7490	(a) succeed in school;
7491	(b) successfully compete in a global society; and
7492	(c) become a productive, responsible citizen.
7493	(2) (a) To help further this end, the department may make available to parents of
7494	new-born infants, as a resource, an information kit regarding child development, the
7495	development of emerging literacy skills, and activities which promote and enhance emerging
7496	literacy skills, including reading aloud to the child on a regular basis.
7497	(b) The department shall seek private funding to help support this program.
7498	(3) (a) The department may seek assistance from the State Board of Education and
7499	local hospitals in making the information kit available to parents on a voluntary basis.
7500	(b) The department may also seek assistance from private entities in making the kits
7501	available to parents.
7502	Section 228. Section 26B-7-105, which is renumbered from Section 26-10-10 is
7503	renumbered and amended to read:
7504	[26-10-10]. <u>26B-7-105.</u> Cytomegalovirus (CMV) public education and testing.
7505	(1) As used in this section "CMV" means cytomegalovirus.
7506	(2) The department shall establish and conduct a public education program to inform

pregnant women and women who may become pregnant regarding:

7508	(a) the incidence of CMV;
7509	(b) the transmission of CMV to pregnant women and women who may become
7510	pregnant;
7511	(c) birth defects caused by congenital CMV;
7512	(d) methods of diagnosing congenital CMV; and
7513	(e) available preventative measures.
7514	(3) The department shall provide the information described in Subsection (2) to:
7515	(a) child care programs licensed under [Title 26, Chapter 39, Utah Child Care
7516	Licensing Act] Chapter 2, Part 4, Child Care Licensing, and their employees;
7517	(b) a person described in Subsection [26-39-403] 26B-2-405(1)(a)(iii) and Subsections
7518	[26-39-403] <u>26B-2-405(2)(a), (b), (c), (e), and (f);</u>
7519	(c) a person serving as a school nurse under Section 53G-9-204;
7520	(d) a person offering health education in a school district;
7521	(e) health care providers offering care to pregnant women and infants; and
7522	(f) religious, ecclesiastical, or denominational organizations offering children's
7523	programs as a part of worship services.
7524	(4) If a newborn infant fails the newborn hearing screening test(s) under Subsection
7525	[26-10-6] <u>26B-4-319</u> (1), a medical practitioner shall:
7526	(a) test the newborn infant for CMV before the newborn is 21 days [of age] old, unless
7527	a parent of the newborn infant objects; and
7528	(b) provide to the parents of the newborn infant information regarding:
7529	(i) birth defects caused by congenital CMV; and
7530	(ii) available methods of treatment.
7531	(5) The department shall provide to the family and the medical practitioner, if known,
7532	information regarding the testing requirements under Subsection (4) when providing results
7533	indicating that an infant has failed the newborn hearing screening test(s) under Subsection
7534	[26-10-6] <u>26B-4-319</u> (1).

7535	(6) The department may make rules in accordance with Title 63G, Chapter 3, Utah
7536	Administrative Rulemaking Act, as necessary to administer the provisions of this section.
7537	Section 229. Section 26B-7-106, which is renumbered from Section 26-10-14 is
7538	renumbered and amended to read:
7539	[26-10-14]. <u>26B-7-106.</u> Down syndrome diagnosis Information and support.
7540	(1) The department shall provide contact information for state and national Down
7541	syndrome organizations that are nonprofit and that provide information and support services
7542	for parents, including first-call programs and information hotlines specific to Down syndrome,
7543	resource centers or clearinghouses, and other education and support programs for Down
7544	syndrome.
7545	(2) The department shall:
7546	(a) post the information described in Subsection (1) on the department's website; and
7547	(b) create an informational support sheet with the information described in Subsection
7548	(1) and the web address described in Subsection (2)(a).
7549	(3) A Down syndrome organization may request that the department include the
7550	organization's informational material and contact information on the website. The department
7551	may add the information to the website, if the information meets the description under
7552	Subsection (1).
7553	(4) Upon request, the department shall provide a health care facility or health care
7554	provider a copy of the informational support sheet described in Subsection (2)(b) to give to a
7555	pregnant woman after the result of a prenatal screening or diagnostic test indicates the unborn
7556	child has or may have Down syndrome.
7557	Section 230. Section 26B-7-107, which is renumbered from Section 26-10-15 is
7558	renumbered and amended to read:
7559	$[\frac{26-10-15}{2}]$. Lead exposure public education and testing.
7560	(1) The department shall establish a child blood lead epidemiology and surveillance
7561	program to:

7562	(a) encourage pediatric health care providers to include a lead test in accordance with
7563	the department's recommendations under Subsection (2); and
7564	(b) conduct a public education program to inform parents of children who are two
7565	years old or younger regarding:
7566	(i) the effects of lead exposure in children;
7567	(ii) the availability of free screening and testing for lead exposure; and
7568	(iii) other available preventative measures.
7569	(2) The department may recommend consideration of screening and testing during the
7570	first year or second year well child clinical visit.
7571	(3) (a) The department shall provide the information described in Subsection (1) to
7572	organizations that regularly provide care or services for children who are 5 years old or
7573	younger.
7574	(b) The department may work with the following organizations to share the
7575	information described in Subsection (1):
7576	(i) a child care program licensed under [Title 26, Chapter 39, Utah Child Care
7577	Licensing Act] Chapter 2, Part 4, Child Care Licensing, and the employees of the child care
7578	program;
7579	(ii) a health care facility licensed under [Title 26, Chapter 21] Chapter 2, Part 2, Health
7580	Care Facility Licensing and Inspection [Act];
7581	(iii) a person providing child care under a program that is described in Subsection
7582	[26-39-403] <u>26B-2-405</u> (2);
7583	(iv) an individual offering health education in a school district, including a school
7584	nurse under Section 53G-9-204;
7585	(v) a health care provider offering care to pregnant women and infants;
7586	(vi) a religious, ecclesiastical, or denominational organization offering children's
7587	programs as a part of worship services;
7588	(vii) an organization that advocates for public education, testing, and screening of

children for lead exposure;

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7591	(ix) any other person that the department believes would advance public education
7592	regarding the effects of lead exposure on children.
7593	(4) The department shall seek grant funding to fund the program created in this section.
7594	Section 231. Section 26B-7-108, which is renumbered from Section 26-1-23.5 is
7595	renumbered and amended to read:
7596	[26-1-23.5]. <u>26B-7-108.</u> Rules for sale of drugs, cosmetics, and medical devices.
7597	The department shall establish and enforce rules for the sale or distribution of human
7598	drugs, cosmetics, and medical devices. The rules adopted under this section shall be no more
7599	stringent than those established by federal law.
7600	Section 232. Section 26B-7-109, which is renumbered from Section 26-1-26 is
7601	renumbered and amended to read:
7602	[26-1-26]. <u>26B-7-109.</u> Director of community health nursing appointed by
7603	executive director.
7604	[There shall be within the department] The executive director shall appoint a director of
7605	community health nursing [appointed by the executive director] who shall develop, implement,
7606	monitor, and evaluate community health nursing standards and services and participate in the
7607	formulation of policies for administration of health services.
7608	Section 233. Section 26B-7-110, which is renumbered from Section 26-1-36 is
7609	renumbered and amended to read:
7610	[26-1-36]. <u>26B-7-110.</u> Duty to establish program to reduce deaths and other
7611	harm from prescription opiates used for chronic noncancer pain.
7612	(1) As used in this section, "opiate" means any drug or other substance having an
7613	addiction-forming or addiction-sustaining liability similar to morphine or being capable of
7614	conversion into a drug having addiction-forming or addiction-sustaining liability.
7615	(2) In addition to the duties listed in Section $[\frac{26-1-30}{26B-1-202}]$, the department shall

(viii) a local health department as defined in Section 26A-1-102; and

7616 develop and implement a two-year program in coordination with the Division of Professional 7617 Licensing, the Utah Labor Commission, and the Utah attorney general, to: 7618 (a) investigate the causes of and risk factors for death and nonfatal complications of 7619 prescription opiate use and misuse in Utah for chronic pain by utilizing the Utah Controlled 7620 Substance Database created in Section 58-37f-201; (b) study the risks, warning signs, and solutions to the risks associated with 7621 7622 prescription opiate medications for chronic pain, including risks and prevention of misuse and 7623 diversion of those medications; 7624 (c) provide education to health care providers, patients, insurers, and the general public 7625 on the appropriate management of chronic pain, including the effective use of medical 7626 treatment and quality care guidelines that are scientifically based and peer reviewed; and 7627 (d) educate the public regarding: 7628 (i) the purpose of the Controlled Substance Database established in Section 7629 58-37f-201; and 7630 (ii) the requirement that a person's name and prescription information be recorded on 7631 the database when the person fills a prescription for a schedule II, III, IV, or V controlled 7632 substance. 7633 Section 234. Section 26B-7-111, which is renumbered from Section 26-1-38 is 7634 renumbered and amended to read: 7635 26B-7-111. Local health emergency assistance program. [26-1-38]. 7636 (1) As used in this section: 7637 (a) "Local health department" means the same as that term is defined in Section 7638 26A-1-102. 7639 (b) "Local health emergency" means an unusual event or series of events causing or 7640 resulting in a substantial risk or substantial potential risk to the health of a significant portion 7641 of the population within the boundary of a local health department, as determined by the local 7642 health department.

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7643	(c) "Program" means the local health emergency assistance program that the
7644	department is required to establish under this section.
7645	(d) "Program fund" means money that the Legislature appropriates to the department
7646	for use in the program and other money otherwise made available for use in the program.
7647	(2) The department shall establish, to the extent of funds appropriated by the
7648	Legislature or otherwise made available to the program fund, a local health emergency
7649	assistance program.
7650	(3) Under the program, the department shall:
7651	(a) provide a method for a local health department to seek reimbursement from the
7652	program fund for local health department expenses incurred in responding to a local health
7653	emergency;
7654	(b) require matching funds from any local health department seeking reimbursement
7655	from the program fund;
7656	(c) establish a method for apportioning money in the program fund to multiple local
7657	health departments when the total amount of concurrent requests for reimbursement by
7658	multiple local health departments exceeds the balance in the program fund; and
7659	(d) establish by rule other provisions that the department considers necessary or
7660	advisable to implement the program.
7661	(4) (a) (i) Subject to Subsection (4)(a)(ii), the department shall use money in the
7662	program fund exclusively for purposes of the program.
7663	(ii) The department may use money in the program fund to cover its costs of
7664	administering the program.
7665	(b) Money that the Legislature appropriates to the program fund is nonlapsing in
7666	accordance with Section 63J-1-602.1.
7667	(c) Any interest earned on money in the program fund shall be deposited to the General

Section 235. Section 26B-7-112, which is renumbered from Section 26-1-42 is

renumbered and amended to read:

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[26-1-42]. 26B-7-112. Health care grant requests and funding.

- 7672 (1) Any time the United States Department of Health and Human Services accepts 7673 grant applications, the department shall apply for a grant under Title X of the Public Health 7674 Service Act, 42 U.S.C. Sec. 300 et seq.
 - (2) (a) As part of the application described in Subsection (1), the department shall request that the United States Department of Health and Human Services waive the requirement of the department to comply with requirements found in 42 C.F.R. Sec. 59.5(a)(4) pertaining to providing certain services to a minor without parental consent.
 - (b) If the department's application described in Subsection (1) is denied, and at such time the United States Department of Health and Human Services creates a waiver application process, the department shall apply for a waiver from compliance with the requirements found in 42 C.F.R. Sec. 59.5(a)(4) pertaining to providing certain services to a minor without parental consent in order to be eligible for a grant under Title X of the Public Health Service Act, 42 U.S.C. Sec. 300 et seq.
 - (3) If the department receives a grant under Subsection (1), the department shall prioritize disbursement of grant funds in the prioritization order described in Subsection (4).
 - (4) (a) (i) When disbursing grant funds, the department shall give first priority to nonpublic entities that provide family planning services as well as other comprehensive services to enable women to give birth and parent or place for adoption.
 - (ii) The department shall give preference to entities described in Subsection (4)(a)(i) that:
 - (A) expand availability of prenatal and postnatal care in low-income and under-served areas of the state;
 - (B) provide support for a woman to carry a baby to term;
 - (C) emphasize the health and viability of the fetus; and
- 7696 (D) provide education and maternity support.

- (iii) If the department receives applications from qualifying nonpublic entities as described in Subsection (4)(a), the department shall disburse all of the grant funds to qualifying nonpublic entities described in Subsection (4)(a).
- (b) If grant funds are not exhausted under Subsection (4)(a), or if no entity qualifies for grant funding under the criteria described in Subsection (4)(a), the department shall give second priority for grant funds to nonpublic entities that provide:
 - (i) family planning services; and
 - (ii) required primary health services as described in 42 U.S.C. Sec. 254b(b)(1)(A).
- (c) If grant funds are not exhausted under Subsections (4)(a) and (b), or if no entity qualifies for grant funding under the criteria described in Subsection (4)(a) or (b), the department shall give third priority for grant funds to public entities that provide family planning services, including state, county, or local community health clinics, and community action organizations.
- (d) If grant funds are not exhausted under Subsections (4)(a), (b), and (c), or if no entity qualifies for grant funding under the criteria described in Subsection (4)(a), (b), or (c), the department shall give fourth priority for grant funds to nonpublic entities that provide family planning services but do not provide required primary health services as described in 42 U.S.C. Sec. 254b(b)(1)(A).
- Section 236. Section **26B-7-113**, which is renumbered from Section 26-7-1 is renumbered and amended to read:
- 7717 [26-7-1]. <u>26B-7-113.</u> Identification of major risk factors by department --7718 Education of public -- Establishment of programs.

The department shall identify the major risk factors contributing to injury, sickness, death, and disability within the state and where it determines that a need exists, educate the public regarding these risk factors, and the department may establish programs to reduce or eliminate these factors except that such programs may not be established if adequate programs exist in the private sector.

7724	Section 237. Section 26B-7-114, which is renumbered from Section 26-7-2 is
7725	renumbered and amended to read:
7726	[26-7-2]. <u>26B-7-114.</u> Office of Health Equity Duties.
7727	(1) As used in this section:
7728	(a) "Multicultural or minority health issue" means a health issue, including a mental
7729	and oral health issue, of particular interest to cultural, ethnic, racial, or other subpopulations,
7730	including:
7731	(i) disparities in:
7732	(A) disease incidence, prevalence, morbidity, mortality, treatment, and treatment
7733	response; and
7734	(B) access to care; and
7735	(ii) cultural competency in the delivery of health care.
7736	(b) "Office" means the Office of Health [Disparities Reduction] Equity created in this
7737	section.
7738	(2) There is created within the department the Office of Health [Disparities Reduction]
7739	Equity.
7740	(3) The office shall:
7741	(a) promote and coordinate the research, data production, dissemination, education,
7742	and health promotion activities of the following that relate to a multicultural or minority health
7743	issue:
7744	(i) the department;
7745	(ii) local health departments;
7746	(iii) local mental health authorities;
7747	(iv) public schools;
7748	(v) community-based organizations; and
7749	(vi) other organizations within the state;
7750	(b) assist in the development and implementation of one or more programs to address a

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7751	multicultural or minority health issue;
7752	(c) promote the dissemination and use of information on a multicultural or minority
7753	health issue by minority populations, health care providers, and others;
7754	(d) seek federal funding and other resources to accomplish the office's mission;
7755	(e) provide technical assistance to organizations within the state seeking funding to
7756	study or address a multicultural or minority health issue;
7757	(f) develop and increase the capacity of the office to:
7758	(i) ensure the delivery of qualified timely culturally appropriate translation services
7759	across department programs; and
7760	(ii) provide, when appropriate, linguistically competent translation and communication
7761	services for limited English proficiency individuals;
7762	(g) provide staff assistance to any advisory committee created by the department to
7763	study a multicultural or minority health issue; and
7764	(h) annually report to the Legislature on its activities and accomplishments.
7765	Section 238. Section 26B-7-115, which is renumbered from Section 26-7-4 is
7766	renumbered and amended to read:
7767	[26-7-4]. <u>26B-7-115.</u> Utah Registry of Autism and Developmental Disabilities
7768	(1) As used in this section, "URADD" means the Utah Registry of Autism and
7769	Developmental Disabilities.
7770	(2) The department may enter into an agreement with:
7771	(a) the University of Utah or another person for the operation of URADD; and
7772	(b) a person to conduct a public education campaign to:
7773	(i) improve public awareness of the early warning signs of autism spectrum disorders
7774	and developmental disabilities; and
7775	(ii) promote the early identification of autism spectrum disorders and developmental
7776	disabilities.
7777	(3) URADD shall consist of a database that collects information on people in the state

7778	who have an autism spectrum disorder or a developmental disability.
7779	(4) The purpose of URADD is to assist health care providers to:
7780	(a) determine the risk factors and causes of autism spectrum disorders and
7781	developmental disabilities;
7782	(b) plan for and develop resources, therapies, methods of diagnoses, and other services
7783	for people with an autism spectrum disorder or a developmental disability;
7784	(c) facilitate measuring and tracking of treatment outcomes;
7785	(d) gather statistics relating to autism spectrum disorders and developmental
7786	disabilities; and
7787	(e) improve coordination and cooperation between agencies and other programs that
7788	provide services to people with an autism spectrum disorder or a developmental disability.
7789	Section 239. Section 26B-7-116, which is renumbered from Section 26-7-7 is
7790	renumbered and amended to read:
7791	[26-7-7]. <u>26B-7-116.</u> Radon awareness campaign.
7792	The department shall, in consultation with the Division of Waste Management and
7793	Radiation Control, develop a statewide electronic awareness campaign to educate the public
7794	regarding:
7795	(1) the existence and prevalence of radon gas in buildings and structures;
7796	(2) the health risks associated with radon gas;
7797	(3) options for radon gas testing; and
7798	(4) options for radon gas remediation.
7799	Section 240. Section 26B-7-117, which is renumbered from Section 26-7-8 is
7800	renumbered and amended to read:
7801	[26-7-8]. Syringe exchange and education.
7802	(1) The following may operate a syringe exchange program in the state to prevent the
7803	transmission of disease and reduce morbidity and mortality among individuals who inject

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drugs, and those individuals' contacts:

7805	(a) a government entity, including:
7806	(i) the department;
7807	(ii) a local health department[, as defined in Section 26A-1-102]; or
7808	[(iii) the Division of Substance Abuse and Mental Health within the Department of
7809	Human Services; or]
7810	[(iv)] (iii) a local substance abuse authority, as defined in Section [62A-15-102]
7811	<u>26B-5-101;</u>
7812	(b) a nongovernment entity, including:
7813	(i) a nonprofit organization; or
7814	(ii) a for-profit organization; or
7815	(c) any other entity that complies with Subsections (2) and (4).
7816	(2) An entity operating a syringe exchange program in the state shall:
7817	(a) facilitate the exchange of an individual's used syringe for one or more new syringes
7818	in sealed sterile packages;
7819	(b) ensure that a recipient of a new syringe is given verbal and written instruction on:
7820	(i) methods for preventing the transmission of blood-borne diseases, including hepatitis
7821	C and human immunodeficiency virus; and
7822	(ii) options for obtaining:
7823	(A) services for the treatment of a substance use disorder;
7824	(B) testing for a blood-borne disease; and
7825	(C) an opiate antagonist [under Chapter 55, Opiate Overdose Response Act]; and
7826	(c) report annually to the department the following information about the program's
7827	activities:
7828	(i) the number of individuals who have exchanged syringes;
7829	(ii) the number of used syringes exchanged for new syringes; and
7830	(iii) the number of new syringes provided in exchange for used syringes.
7831	(3) No later than October 1, 2017, and every two years thereafter, the department shall

7832	report to the Legislature's Health and Human Services Interim Committee on:
7833	(a) the activities and outcomes of syringe programs operating in the state, including:
7834	(i) the number of individuals who have exchanged syringes;
7835	(ii) the number of used syringes exchanged for new syringes;
7836	(iii) the number of new syringes provided in exchange for used syringes;
7837	(iv) the impact of the programs on blood-borne infection rates; and
7838	(v) the impact of the programs on the number of individuals receiving treatment for a
7839	substance use disorder;
7840	(b) the potential for additional reductions in the number of syringes contaminated with
7841	blood-borne disease if the programs receive additional funding;
7842	(c) the potential for additional reductions in state and local government spending if the
7843	programs receive additional funding;
7844	(d) whether the programs promote illicit use of drugs; and
7845	(e) whether the programs should be continued, continued with modifications, or
7846	terminated.
7847	(4) The department shall make rules, in accordance with Title 63G, Chapter 3, Utah
7848	Administrative Rulemaking Act, specifying how and when an entity operating a syringe
7849	exchange program shall make the report required by Subsection (2)(c).
7850	Section 241. Section 26B-7-118, which is renumbered from Section 26-7-9 is
7851	renumbered and amended to read:
7852	$[\frac{26-7-9}{2}]$. 26B-7-118. Online public health education module for
7853	vaccine-preventable diseases.
7854	(1) As used in this section:
7855	(a) "Health care provider" means the same as that term is defined in Section
7856	78B-3-403.
7857	(b) "Nonimmune" means that a child or an individual:
7858	(i) has not received each vaccine required in Section 53G-9-305 and has not developed

7859	a natural immunity through previous illness to a vaccine-preventable disease, as documented
7860	by a health care provider;
7861	(ii) cannot receive each vaccine required in Section 53G-9-305; or
7862	(iii) is otherwise known to not be immune to a vaccine-preventable disease.
7863	(c) "Vaccine-preventable disease" means an infectious disease that can be prevented by
7864	a vaccination required in Section 53G-9-305.
7865	(2) The department shall develop an online education module regarding
7866	vaccine-preventable diseases:
7867	(a) to assist a parent of a nonimmune child to:
7868	(i) recognize the symptoms of vaccine-preventable diseases;
7869	(ii) respond in the case of an outbreak of a vaccine-preventable disease;
7870	(iii) protect children who contract a vaccine-preventable disease; and
7871	(iv) prevent the spread of vaccine-preventable diseases;
7872	(b) that contains only the following:
7873	(i) information about vaccine-preventable diseases necessary to achieve the goals
7874	stated in Subsection (2)(a), including the best practices to prevent the spread of
7875	vaccine-preventable diseases;
7876	(ii) recommendations to reduce the likelihood of a nonimmune individual contracting
7877	or transmitting a vaccine-preventable disease; and
7878	(iii) information about additional available resources related to vaccine-preventable
7879	diseases and the availability of low-cost vaccines;
7880	(c) that includes interactive questions or activities; and
7881	(d) that is expected to take an average user 20 minutes or less to complete, based on
7882	user testing.
7883	(3) In developing the online education module described in Subsection (2), the
7884	department shall consult with individuals interested in vaccination or vaccine-preventable
7885	diseases, including:

7886	(a) representatives from organizations of health care professionals; and
7887	(b) parents of nonimmune children.
7888	(4) The department shall make the online education module described in Subsection
7889	(2) publicly available to parents through:
7890	(a) a link on the department's website;
7891	(b) county health departments, as that term is defined in Section 26A-1-102;
7892	(c) local health departments, as that term is defined in Section 26A-1-102;
7893	(d) local education agencies, as that term is defined in Section 53E-1-102; and
7894	(e) other public health programs or organizations.
7895	Section 242. Section 26B-7-119, which is renumbered from Section 26-7-11 is
7896	renumbered and amended to read:
7897	[26-7-11]. <u>26B-7-119.</u> Hepatitis C Outreach Pilot Program.
7898	(1) As used in this section, "Hepatitis C outreach organization" means a private
7899	nonprofit organization that:
7900	(a) has an established relationship with individuals who are at risk of acquiring acute
7901	Hepatitis C;
7902	(b) helps individuals who need Hepatitis C treatment, but who do not qualify for
7903	payment of the treatment by the Medicaid program or another health insurer, to obtain
7904	treatment;
7905	(c) has the infrastructure necessary for conducting Hepatitis C assessment, testing, and
7906	diagnosis, including clinical staff with the training and ability to provide:
7907	(i) specimen collection for Hepatitis C testing;
7908	(ii) clinical assessments;
7909	(iii) consultation regarding blood-borne diseases; and
7910	(iv) case management services for patient support during Hepatitis C treatment; or
7911	(d) has a partnership with a health care facility that can provide clinical follow-up and
7912	medical treatment following Hepatitis C rapid antibody testing and confirmatory testing.

7913	(2) There is created within the department the Hepatitis C Outreach Pilot Program.
7914	(3) Before September 1, 2020, the department shall, as funding permits, make grants to
7915	Hepatitis C outreach organizations in accordance with criteria established by the department
7916	under Subsection (4).
7917	(4) Before July 1, 2020, the department shall make rules, in accordance with Title 63G,
7918	Chapter 3, Utah Administrative Rulemaking Act, to:
7919	(a) create application requirements for a grant from the program;
7920	(b) establish criteria for determining:
7921	(i) whether a grant is awarded, including criteria that ensure grants are awarded to areas
7922	of the state, including rural areas, that would benefit most from the grant; and
7923	(ii) the amount of a grant; and
7924	(c) specify reporting requirements for the recipient of a grant under this section.
7925	(5) Before October 1, 2021, and before October 1 every year thereafter, the department
7926	shall submit a report to the Health and Human Services Interim Committee and the Social
7927	Services Appropriations Subcommittee on the outcomes of the Hepatitis C Outreach Pilot
7928	Program.
7929	Section 243. Section 26B-7-201, which is renumbered from Section 26-6-2 is
7930	renumbered and amended to read:
7931	Part 2. Detection and Management of Chronic and Communicable Diseases and
7932	Public Health Emergencies
7933	$[\frac{26-6-2}{2}]$. <u>26B-7-201.</u> Definitions.
7934	As used in this [chapter] part:
7935	(1) "Ambulatory surgical center" [is as] means the same as that term is defined in
7936	Section [26-21-2] <u>26B-2-201</u> .
7937	(2) "Carrier" means an infected individual or animal who harbors a specific infectious
7938	agent in the absence of discernible clinical disease and serves as a potential source of infection
7939	for man. The carrier state may occur in an individual with an infection that is inapparent

throughout its course, commonly known as healthy or asymptomatic carrier, or during the incubation period, convalescence, and postconvalescence of an individual with a clinically recognizable disease, commonly known as incubatory carrier or convalescent carrier. Under either circumstance the carrier state may be of short duration, as a temporary or transient carrier, or long duration, as a chronic carrier.

- (3) "Communicable disease" means illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host, either directly, as from an infected individual or animal, or indirectly, through an intermediate plant or animal host, vector, or the inanimate environment.
- (4) "Communicable period" means the time or times during which an infectious agent may be transferred directly or indirectly from an infected individual to another individual, from an infected animal to [man] a human, or from an infected [man] human to an animal, including arthropods.
- (5) "Contact" means an individual or animal having had association with an infected individual, animal, or contaminated environment so as to have had an opportunity to acquire the infection.
 - (6) "End stage renal disease facility" is as defined in Section [26-21-2] <u>26B-2-201</u>.
- (7) (a) "Epidemic" means the occurrence or outbreak in a community or region of cases of an illness clearly in excess of normal expectancy and derived from a common or propagated source.
- (b) The number of cases indicating an epidemic will vary according to the infectious agent, size, and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence.
- (c) Epidemicity is considered to be relative to usual frequency of the disease in the same area, among the specified population, at the same season of the year.
 - (8) "General acute hospital" is as defined in Section [26-21-2] 26B-2-201.
 - (9) "Incubation period" means the time interval between exposure to an infectious

agent and appearance of the first sign or symptom of the disease in question.

- (10) "Infected individual" means an individual who harbors an infectious agent and who has manifest disease or inapparent infection. An infected individual is one from whom the infectious agent can be naturally acquired.
- (11) "Infection" means the entry and development or multiplication of an infectious agent in the body of man or animals. Infection is not synonymous with infectious disease; the result may be inapparent or manifest. The presence of living infectious agents on exterior surfaces of the body, or upon articles of apparel or soiled articles, is not infection, but contamination of such surfaces and articles.
- (12) "Infectious agent" means an organism such as a virus, rickettsia, bacteria, fungus, protozoan, or helminth that is capable of producing infection or infectious disease.
- (13) "Infectious disease" means a disease of man or animals resulting from an infection.
- (14) "Isolation" means the separation, for the period of communicability, of infected individuals or animals from others, in such places and under such conditions as to prevent the direct or indirect conveyance of the infectious agent from those infected to those who are susceptible or who may spread the agent to others.
- (15) "Order of constraint" means the same as that term is defined in Section [26-23b-102] 26B-7-301.
- (16) "Quarantine" means the restriction of the activities of well individuals or animals who have been exposed to a communicable disease during its period of communicability to prevent disease transmission.
- (17) "School" means a public, private, or parochial nursery school, licensed or unlicensed day care center, child care facility, family care home, [headstart] Head Start program, kindergarten, elementary, or secondary school through grade 12.
- 7992 (18) "Sexually transmitted disease" means those diseases transmitted through sexual intercourse or any other sexual contact.

7994	(19) "Specialty hospital" is as defined in Section $\left[\frac{26-21-2}{26B-2-201}\right]$.
7995	Section 244. Section 26B-7-202, which is renumbered from Section 26-6-3 is
7996	renumbered and amended to read:
7997	[26-6-3]. <u>26B-7-202.</u> Authority to investigate and control epidemic infections
7998	and communicable disease.
7999	(1) Subject to Subsection (3) and the restrictions in this title, the department has
8000	authority to investigate and control the causes of epidemic infections and communicable
8001	disease, and shall provide for the detection, reporting, prevention, and control of communicable
8002	diseases and epidemic infections or any other health hazard which may affect the public health.
8003	(2) (a) As part of the requirements of Subsection (1), the department shall distribute to
8004	the public and to health care professionals:
8005	(i) medically accurate information about sexually transmitted diseases that may cause
8006	infertility and sterility if left untreated, including descriptions of:
8007	(A) the probable side effects resulting from an untreated sexually transmitted disease,
8008	including infertility and sterility;
8009	(B) medically accepted treatment for sexually transmitted diseases;
8010	(C) the medical risks commonly associated with the medical treatment of sexually
8011	transmitted diseases; and
8012	(D) suggested screening by a private physician or physician assistant; and
8013	(ii) information about:
8014	(A) public services and agencies available to assist individuals with obtaining
8015	treatment for the sexually transmitted disease;
8016	(B) medical assistance benefits that may be available to the individual with the
8017	sexually transmitted disease; and
8018	(C) abstinence before marriage and fidelity after marriage being the surest prevention
8019	of sexually transmitted disease.
8020	(b) The information required by Subsection (2)(a):

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8021	(i) shall be distributed by the department and by local health departments free of
8022	charge;
8023	(ii) shall be relevant to the geographic location in which the information is distributed
8024	by:
8025	(A) listing addresses and telephone numbers for public clinics and agencies providing
8026	services in the geographic area in which the information is distributed; and
8027	(B) providing the information in English as well as other languages that may be
8028	appropriate for the geographic area.
8029	(c) (i) Except as provided in Subsection (2)(c)(ii), the department shall develop written
8030	material that includes the information required by this Subsection (2).
8031	(ii) In addition to the written materials required by Subsection (2)(c)(i), the department
8032	may distribute the information required by this Subsection (2) by any other methods the
8033	department determines is appropriate to educate the public, excluding public schools, including
8034	websites, toll free telephone numbers, and the media.
8035	(iii) If the information required by Subsection (2)(b)(ii)(A) is not included in the
8036	written pamphlet developed by the department, the written material shall include either a
8037	website, or a 24-hour toll free telephone number that the public may use to obtain that
8038	information.
8039	(3) (a) The Legislature may at any time terminate by joint resolution an order of
8040	constraint issued by the department as described in this section in response to a declared public
8041	health emergency.
8042	(b) A county governing body may at any time terminate by majority vote an order of
8043	constraint issued by the relevant local health department as described in this section in response
8044	to a declared public health emergency.
8045	Section 245. Section 26B-7-203, which is renumbered from Section 26-6-3.5 is
8046	renumbered and amended to read:

[26-6-3.5]. <u>26B-7-203.</u> Reporting AIDS and HIV infection -- Anonymous

8048	testing.
8049	(1) Because of the nature and consequences of Acquired Immunodeficiency Syndrome
8050	and Human Immunodeficiency Virus infection, the department shall:
8051	(a) require reporting of those conditions; and
8052	(b) utilize contact tracing and other methods for "partner" identification and
8053	notification. The department shall, by rule, define individuals who are considered "partners" for
8054	purposes of this section.
8055	(2) (a) The requirements of Subsection (1) do not apply to seroprevalence and other
8056	epidemiological studies conducted by the department.
8057	(b) The requirements of Subsection (1) do not apply to, and anonymity shall be
8058	provided in, research studies conducted by universities or hospitals, under the authority of
8059	institutional review boards if those studies are funded in whole or in part by research grants and
8060	if anonymity is required in order to obtain the research grant or to carry out the research.
8061	(3) For all purposes of [this chapter] Sections 26B-7-201 through 26B-7-223, Acquired
8062	Immunodeficiency Syndrome and Human Immunodeficiency Virus infection are considered
8063	communicable and infectious diseases.
8064	(4) The department may establish or allow one site or agency within the state to
8065	provide anonymous testing.
8066	(a) The site or agency that provides anonymous testing shall maintain accurate records
8067	regarding:
8068	(i) the number of HIV positive individuals that it is able to contact or inform of their
8069	condition;
8070	(ii) the number of HIV positive individuals who receive extensive counseling;
8071	(iii) how many HIV positive individuals provide verifiable information for partner
8072	notification; and

(iv) how many cases in which partner notification is carried through.

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(b) If the information maintained under Subsection (4)(a) indicates anonymous testing

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8075	is not resulting in partner notification, the department shall phase out the anonymous testing
8076	program allowed by this Subsection (4).

Section 246. Section 26B-7-204, which is renumbered from Section 26-6-4 is renumbered and amended to read:

$[\frac{26-6-4}{1}]$. 26B-7-204. Involuntary examination, treatment, isolation, and quarantine.

- (1) The following individuals or groups of individuals are subject to examination, treatment, quarantine, or isolation under a department order of restriction:
- (a) an individual who is infected or suspected to be infected with a communicable disease that poses a threat to the public health and who does not take action as required by the department or the local health department to prevent spread of the disease;
- (b) an individual who is contaminated or suspected to be contaminated with an infectious agent that poses a threat to the public health and that could be spread to others if remedial action is not taken;
- (c) an individual who is in a condition or suspected condition which, if exposed to others, poses a threat to public health, or is in a condition which if treatment is not completed will pose a threat to public health; and
- (d) an individual who is contaminated or suspected to be contaminated with a chemical or biological agent that poses a threat to the public health and that could be spread to others if remedial action is not taken.
- (2) If an individual refuses to take action as required by the department or the local health department to prevent the spread of a communicable disease, infectious agent, or contamination, the department or the local health department may order involuntary examination, treatment, quarantine, or isolation of the individual and may petition the [district] court to order involuntary examination, treatment, quarantine, or isolation in accordance with [Title 26, Chapter 6b, Communicable Diseases -] Part 3, Treatment, Isolation, and Quarantine Procedures for Communicable Diseases.

8102	Section 247. Section 26B-7-205, which is renumbered from Section 26-6-5 is
8103	renumbered and amended to read:
8104	[26-6-5]. <u>26B-7-205.</u> Willful introduction of communicable disease a
8105	misdemeanor.
8106	Any person who willfully or knowingly introduces any communicable or infectious
8107	disease into any county, municipality, or community is guilty of a class A misdemeanor, except
8108	as provided in Section 76-10-1309.
8109	Section 248. Section 26B-7-206, which is renumbered from Section 26-6-6 is
8110	renumbered and amended to read:
8111	[26-6-6]. <u>26B-7-206.</u> Duty to report individual suspected of having
8112	communicable disease.
8113	The following shall report to the department or the local health department regarding
8114	any individual suffering from or suspected of having a disease that is communicable, as
8115	required by department rule:
8116	(1) health care providers as defined in Section 78B-3-403;
8117	(2) facilities licensed under [Title 26, Chapter 21,] Chapter 2, Part 2, Health Care
8118	Facility Licensing and Inspection [Act];
8119	(3) health care facilities operated by the federal government;
8120	(4) mental health facilities;
8121	(5) care facilities licensed by the [Department of Human Services] department;
8122	(6) nursing homes and other care facilities;
8123	(7) dispensaries, clinics, or laboratories that diagnose, test, or otherwise care for
8124	individuals who are suffering from a disease suspected of being communicable;
8125	(8) individuals who have knowledge of others who have a communicable disease;
8126	(9) individuals in charge of schools having responsibility for any individuals who have
8127	a disease suspected of being communicable; and
8128	(10) child care programs, as defined in Section $\left[\frac{26-39-102}{26B-2-401}\right]$.

8129	Section 249. Section 26B-7-207, which is renumbered from Section 26-6-7 is
8130	renumbered and amended to read:
8131	[26-6-7]. <u>26B-7-207.</u> Designation of communicable diseases by department
8132	Establishment of rules for detection, reporting, investigation, prevention, and control.
8133	The department may designate those diseases which are communicable, of concern to
8134	the public health, and reportable; and establish rules for the detection, reporting, investigation,
8135	prevention, and control of communicable diseases, epidemic infections, and other health
8136	hazards that affect the public health.
8137	Section 250. Section 26B-7-208, which is renumbered from Section 26-6-8 is
8138	renumbered and amended to read:
8139	[26-6-8]. <u>26B-7-208.</u> Tuberculosis Duty of department to investigate,
8140	control, and monitor.
8141	(1) The department shall conduct or oversee the investigation, control, and monitoring
8142	of suspected or confirmed tuberculosis infection and disease within the state. Local health
8143	departments shall investigate, control, and monitor suspected or confirmed tuberculosis
8144	infection and disease within their respective jurisdictions.
8145	(2) A health care provider who treats an individual with suspected or confirmed
8146	tuberculosis shall treat the individual according to guidelines established by the department.
8147	Section 251. Section 26B-7-209, which is renumbered from Section 26-6-9 is
8148	renumbered and amended to read:
8149	[26-6-9]. <u>26B-7-209.</u> Tuberculosis Testing of high risk individuals.
8150	Individuals at high risk for tuberculosis shall be tested as required by department rule[-
8151	The department rule], which:
8152	(1) shall establish criteria to identify individuals who are at high risk for tuberculosis;
8153	and
8154	(2) may establish who is responsible for the costs of the testing.
8155	Section 252. Section 26B-7-210, which is renumbered from Section 26-6-11 is

8156	renumbered and amended to read:
8157	[26-6-11]. <u>26B-7-210.</u> Rabies or other animal disease Investigation and
8158	order of quarantine.
8159	(1) As used in this section, "quarantine" means strict confinement upon the private
8160	premises of the owners, under restraint by leash, closed cage or paddock of all animals
8161	specified by the order.
8162	(2) (a) Whenever rabies or any other animal disease dangerous to the health of human
8163	beings is reported, the department shall investigate to determine whether such disease exists,
8164	and the probable area of the state in which man or beast is thereby endangered.
8165	(b) If the department finds that such disease exists, a quarantine may be declared
8166	against all animals designated in the quarantine order and within the area specified in the order.
8167	(c) If the quarantine is for the purpose of preventing the spread of rabies or
8168	hydrophobia, the order shall contain a warning to the owners of dogs within the quarantined
8169	area to confine or muzzle all dogs to prevent biting.
8170	(d) Any dog not muzzled found running at large in a quarantined area or any dog
8171	known to have been removed from or escaped from such area, may be killed by any person
8172	without liability therefor.
8173	(3) Following the order of quarantine the department shall make a thorough
8174	investigation as to the extent of the disease, the probable number of persons and beasts
8175	exposed, and the area involved.
8176	(4) During the period any quarantine order is in force all peace officers may kill or
8177	capture and hold for further action by the department all animals in a quarantined area not held
8178	in restraint on private premises.
8179	Section 253. Section 26B-7-211, which is renumbered from Section 26-6-15 is
8180	renumbered and amended to read:
8181	[26-6-15]. <u>26B-7-211.</u> Rabies or other animal disease Possession of animal in
8182	violation of part a misdemeanor.

8183	Any person in possession of any animal being held in violation of [this chapter]
8184	Sections 26B-7-201 through 26B-7-223 is guilty of a class C misdemeanor.
8185	Section 254. Section 26B-7-212, which is renumbered from Section 26-6-16 is
8186	renumbered and amended to read:
8187	$[\frac{26-6-16}{2}]$. Sexually transmitted infections declared dangerous to
8188	public health.
8189	Syphilis, gonorrhea, lymphogranuloma inguinale (venereum) and chancroid are hereby
8190	declared to be contagious, infectious, communicable and dangerous to the public health.
8191	Section 255. Section 26B-7-213, which is renumbered from Section 26-6-17 is
8192	renumbered and amended to read:
8193	[26-6-17]. <u>26B-7-213.</u> Sexually transmitted infections Examinations by
8194	authorities Treatment of infected persons.
8195	State, county, and municipal health officers within their respective jurisdictions may
8196	make examinations of persons reasonably suspected of being infected with venereal disease.
8197	Persons infected with venereal disease shall be required to report for treatment to either a
8198	reputable physician or physician assistant and continue treatment until cured or to submit to
8199	treatment provided at public expense until cured.
8200	Section 256. Section 26B-7-214, which is renumbered from Section 26-6-18 is
8201	renumbered and amended to read:
8202	[26-6-18]. <u>26B-7-214.</u> Sexually transmitted infections Consent of minor to
8203	treatment.
8204	(1) A consent to medical care or services by a hospital or public clinic or the
8205	performance of medical care or services by a licensed physician or physician assistant executed
8206	by a minor who is or professes to be afflicted with a sexually transmitted disease, shall have the
8207	same legal effect upon the minor and the same legal obligations with regard to the giving of
8208	consent as a consent given by a person of full legal age and capacity, the infancy of the minor
8209	and any contrary provision of law notwithstanding.

(2) The consent of the minor is not subject to later disaffirmance by reason of minority
at the time it was given and the consent of no other person or persons shall be necessary to
authorize hospital or clinical care or services to be provided to the minor by a licensed
physician or physician assistant.
(3) The provisions of this section shall apply also to minors who profess to be in need
of hospital or clinical care and services or medical care or services provided by a physician or
physician assistant for suspected sexually transmitted disease, regardless of whether such
professed suspicions are subsequently substantiated on a medical basis.
Section 257. Section 26B-7-215, which is renumbered from Section 26-6-19 is
renumbered and amended to read:
[26-6-19]. <u>26B-7-215.</u> Sexually transmitted infections Examination and
treatment of persons in prison or jail.
(1) (a) All persons confined in any state, county, or city prison or jail shall be
examined, and if infected, treated for venereal diseases by the health authorities.
(b) The prison authorities of every state, county, or city prison or jail shall make
available to the health authorities such portion of the prison or jail as may be necessary for a
clinic or hospital wherein all persons suffering with venereal disease at the time of the
expiration of their terms of imprisonment, shall be isolated and treated at public expense until
cured.
(2) (a) The department may require persons suffering with venereal disease at the time
of the expiration of their terms of imprisonment to report for treatment to a licensed physician
or physician assistant or submit to treatment provided at public expense in lieu of isolation.
(b) Nothing in this section shall interfere with the service of any sentence imposed by a
court as a punishment for the commission of crime.
Section 258. Section 26B-7-216, which is renumbered from Section 26-6-20 is
renumbered and amended to read:
[26-6-20]. <u>26B-7-216.</u> Serological testing of pregnant or recently delivered

8263

 $[\frac{26-6-27}{2}]$.

8237	women.
8238	(1) As used in this section, a "standard serological test" means a test for syphilis
8239	approved by the department and made at an approved laboratory.
8240	[(1)] (2) (a) Every licensed physician and surgeon attending a pregnant or recently
8241	delivered woman for conditions relating to her pregnancy shall take or cause to be taken a
8242	sample of blood of the woman at the time of first examination or within 10 days thereafter.
8243	(b) The blood sample shall be submitted to an approved laboratory for a standard
8244	serological test for syphilis.
8245	(c) The provisions of this section do not apply to any female who objects thereto on the
8246	grounds that she is a bona fide member of a specified, well recognized religious organization
8247	whose teachings are contrary to the tests.
8248	[(2)] (3) (a) Every other person attending a pregnant or recently delivered woman, who
8249	is not permitted by law to take blood samples, shall within 10 days from the time of first
8250	attendance cause a sample of blood to be taken by a licensed physician or physician assistant.
8251	(b) The blood sample shall be submitted to an approved laboratory for a standard
8252	serological test for syphilis.
8253	$[\frac{3}{4}]$ (4) (a) An approved laboratory is a laboratory approved by the department
8254	according to its rules governing the approval of laboratories for the purpose of this title.
8255	(b) In submitting the sample to the laboratory the physician or physician assistant shall
8256	designate whether it is a prenatal test or a test following recent delivery.
8257	[(4) For the purpose of this chapter, a "standard serological test" means a test for
8258	syphilis approved by the department and made at an approved laboratory.]
8259	(5) The laboratory shall transmit a detailed report of the standard serological test,
8260	showing the result thereof to the physician or physician assistant.
8261	Section 259. Section 26B-7-217, which is renumbered from Section 26-6-27 is
8262	renumbered and amended to read:

<u>26B-7-217.</u> Information regarding communicable or reportable

discuses confidentiality Exceptions	diseases	confidentiality	Exceptions .
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(1) (a) Information collected [pursuant to this chapter] under Sections 26B-7-201 through 26B-7-223 in the possession of the department or local health departments relating to an individual who has or is suspected of having a disease designated by the department as a communicable or reportable disease under [this chapter] Sections 26B-7-201 through 26B-7-223 shall be held by the department and local health departments as strictly confidential.

- (b) The department and local health departments may not release or make public that information upon subpoena, search warrant, discovery proceedings, or otherwise, except as provided by this section.
- (2) The information described in Subsection (1) may be released by the department or local health departments only in accordance with the requirements of [this chapter] Sections 26B-7-201 through 26B-7-223 and as follows:
- (a) specific medical or epidemiological information may be released with the written consent of the individual identified in that information or, if that individual is deceased, [his] the individual's next-of-kin;
- (b) specific medical or epidemiological information may be released to medical personnel or peace officers in a medical emergency, as determined by the department in accordance with guidelines it has established, only to the extent necessary to protect the health or life of the individual identified in the information, or of the attending medical personnel or law enforcement or public safety officers;
- (c) specific medical or epidemiological information may be released to authorized personnel within the department, local health departments, public health authorities, official health agencies in other states, the United States Public Health Service, the Centers for Disease Control and Prevention, or when necessary to continue patient services or to undertake public health efforts to interrupt the transmission of disease;
- (d) if the individual identified in the information is under the [age of] 18 years old, the information may be released to the Division of Child and Family Services within the

- [Department of Human Services] department in accordance with Section 80-2-602[. If], and if that information is required in a court proceeding involving child abuse or sexual abuse under Title 76, Chapter 5, Offenses Against the Individual, the information shall be disclosed in camera and sealed by the court upon conclusion of the proceedings;
- (e) specific medical or epidemiological information may be released to authorized personnel in the department or in local health departments, and to the courts, to carry out the provisions of this title, and rules adopted by the department in accordance with this title;
- (f) specific medical or epidemiological information may be released to blood banks, organ and tissue banks, and similar institutions for the purpose of identifying individuals with communicable diseases. The department may, by rule, designate the diseases about which information may be disclosed under this subsection, and may choose to release the name of an infected individual to those organizations without disclosing the specific disease;
- (g) specific medical or epidemiological information may be released in such a way that no individual is identifiable;
- (h) specific medical or epidemiological information may be released to a ["]health care provider["] as defined in Section 78B-3-403, health care personnel, and public health personnel who have a legitimate need to have access to the information in order to assist the patient, or to protect the health of others closely associated with the patient;
- (i) specific medical or epidemiological information regarding a health care provider, as defined in Section 78B-3-403, may be released to the department, the appropriate local health department, and the Division of Professional Licensing within the Department of Commerce, if the identified health care provider is endangering the safety or life of any individual by his continued practice of health care;
- (j) specific medical or epidemiological information may be released in accordance with Section [26-6-31] 26B-7-221 if an individual is not identifiable; and
- (k) specific medical or epidemiological information may be released to a state agency as defined in Section 67-27-102, to perform the analysis described in Subsection [26-6-32]

8318	<u>26B-7-222(4)</u> if the state agency agrees to act in accordance with the requirements in this
8319	[chapter] part.
8320	(3) The provisions of Subsection (2)(h) do not create a duty to warn third parties, but is
8321	intended only to aid health care providers in their treatment and containment of infectious
8322	disease.
8323	Section 260. Section 26B-7-218, which is renumbered from Section 26-6-28 is
8324	renumbered and amended to read:
8325	[26-6-28]. <u>26B-7-218.</u> Protection from examination in legal proceedings
8326	Exceptions.
8327	(1) Except as provided in Subsection (2), an officer or employee of the department or
8328	of a local health department may not be examined in a legal proceeding of any kind or
8329	character as to the existence or content of information retained pursuant to [this chapter]
8330	Sections 26B-7-201 through 26B-7-223 or obtained as a result of an investigation conducted
8331	pursuant to [this chapter] Sections 26B-7-201 through 26B-7-223, without the written consent
8332	of the individual who is identified in the information or, if that individual is deceased, the
8333	consent of [his] the individual's next-of-kin.
8334	(2) This section does not restrict testimony and evidence provided by an employee or
8335	officer of the department or a local health department about:
8336	(a) persons who are under restrictive actions taken by the department in accordance
8337	with Subsection [26-6-27] <u>26B-7-217(2)(e)</u> ; or
8338	(b) individuals or groups of individuals subject to examination, treatment, isolation,
8339	and quarantine actions under [Chapter 6b, Communicable Diseases -] Part 3, Treatment,
8340	Isolation, and Quarantine Procedures for Communicable Diseases.
8341	Section 261. Section 26B-7-219, which is renumbered from Section 26-6-29 is
8342	renumbered and amended to read:
8343	[26-6-29]. <u>26B-7-219.</u> Violation Penalty.
8344	(1) Any individual or entity entitled to receive confidential information from the

8345	[Department of Health] department or a local health department under [this chapter] Sections
8346	26B-7-201 through 26B-7-223, other than the individual identified in that information, who
8347	violates [this chapter] Sections 26B-7-201 through 26B-7-223 by releasing or making public
8348	confidential information, or by otherwise breaching the confidentiality requirements of [this
8349	chapter] Sections 26B-7-201 through 26B-7-223, is guilty of a class B misdemeanor.
8350	(2) [This chapter does] Sections 26B-7-201 through 26B-7-223 do not apply to any
8351	individual or entity that holds or receives information relating to an individual who has or is
8352	suspected of having a disease designated by the department as a communicable or reportable
8353	disease under [this chapter] Sections 26B-7-201 through 26B-7-223, if that individual or entity
8354	has obtained the information from a source other than the department or a local health
8355	department.
8356	Section 262. Section 26B-7-220, which is renumbered from Section 26-6-30 is
8357	renumbered and amended to read:
8358	[26-6-30]. <u>26B-7-220.</u> Exclusions from confidentiality requirements.
8359	(1) The provisions of [this chapter] Sections 26B-7-201 through 26B-7-223 do not
8360	apply to:
8361	(a) information that relates to an individual who is in the custody of the Department of
8362	Corrections, a county jail, or the Division of Juvenile Justice and Youth Services within the
8363	[Department of Human Services] department;
8364	(b) information that relates to an individual who has been in the custody of the
8365	Department of Corrections, a county jail, or the Division of Juvenile Justice and Youth
8366	Services within the [Department of Human Services] department, if liability of either of those
8367	departments, a county, or a division, or of an employee of a department, division, or county, is
8368	alleged by that individual in a lawsuit concerning transmission of an infectious or
8369	communicable disease; or
8370	(c) any information relating to an individual who willfully or maliciously or with
8371	reckless disregard for the welfare of others transmits a communicable or infectious disease

8372	(2) Nothing in [this chapter] Sections 26B-7-201 through 26B-7-223 limits the right of
8373	the individual identified in the information described in Subsection [$\frac{26-6-27}{2}$] $\frac{26B-7-217}{2}$ (1) to
8374	disclose that information.
8375	Section 263. Section 26B-7-221, which is renumbered from Section 26-6-31 is
8376	renumbered and amended to read:
8377	[26-6-31]. <u>26B-7-221.</u> Public reporting of health care associated infections.
8378	(1) (a) An ambulatory surgical facility, a general acute hospital, a specialty hospital, an
8379	end stage renal disease facility, and other facilities as required by rules of the Center for
8380	Medicare and Medicaid Services shall give the department access to the facility's data on the
8381	incidence and rate of health care associated infections that the facility submits to the National
8382	Healthcare Safety Network in the [Center] <u>United States Centers</u> for Disease Control <u>and</u>
8383	<u>Prevention</u> pursuant to the [Center] Centers for Medicare and Medicaid Services rules for
8384	infection reporting.
8385	(b) Access to data under this Subsection (1) may include data sharing through the
8386	National Healthcare Safety Network.
8387	(2) (a) The department shall, beginning May 1, 2013, use the data submitted by the
8388	facilities in accordance with Subsection (1) to compile an annual report on health care
8389	associated infections in ambulatory surgical facilities, general acute hospitals, and specialty
8390	hospitals for public distribution in accordance with the requirements of this subsection. The
8391	department shall publish the report on the department's website and the Utah Health Exchange.
8392	(b) The department's report under this section shall:
8393	(i) include the following health care associated infections as required by the Center for
8394	Medicare and Medicaid Services and protocols adopted by the National Healthcare Safety
8395	Network in the [Center] Centers for Disease Control and Prevention:
8396	(A) central line associated bloodstream infections;
8397	(B) catheter associated urinary tract infections;
8398	(C) surgical site infections from procedures on the colon or an abdominal

8399	hysterectomy;
8400	(D) methicillin-resistant staphylococcus aureus bacteremia;
8401	(E) clostridium difficile of the colon; and
8402	(F) other health care associated infections when reporting is required by the Center for
8403	Medicare and Medicaid Services and protocols adopted by the National Healthcare Safety
8404	Network in the [Center] Centers for Disease Control and Prevention;
8405	(ii) include data on the rate of health care associated infections:
8406	(A) for the infection types described in Subsection (2)(b)(i); and
8407	(B) by health care facility or hospital;
8408	(iii) include data on how the rate of health care associated infections in ambulatory
8409	surgical facilities, general acute hospitals, and specialty hospitals compares with the rates in
8410	other states;
8411	(iv) in compiling the report described in Subsection (2)(a), use analytical
8412	methodologies that meet accepted standards of validity and reliability;
8413	(v) clearly identify and acknowledge, in the report, the limitations of the data sources
8414	and analytic methodologies used to develop comparative facility or hospital information;
8415	(vi) decide whether information supplied by a facility or hospital under Subsection (1)
8416	is appropriate to include in the report;
8417	(vii) adjust comparisons among facilities and hospitals for patient case mix and other
8418	relevant factors, when appropriate; and
8419	(viii) control for provider peer groups, when appropriate.
8420	(3) Before posting or releasing the report described in Subsection (2)(a), the
8421	department shall:
8422	(a) disclose to each ambulatory surgical facility, general acute hospital, and specialty
8423	hospital whose data is included in the report:
8424	(i) the entire methodology for analyzing the data; and
8425	(ii) the comparative facility or hospital information and other information the

8426	department has compiled for the facility or hospital; and
8427	(b) give the facility or hospital 30 days to suggest corrections or add explanatory
8428	comments about the data.
8429	(4) The department shall develop and implement effective safeguards to protect against
8430	the unauthorized use or disclosure of ambulatory surgical facility, general acute hospital, and
8431	specialty hospital data, including the dissemination of inconsistent, incomplete, invalid,
8432	inaccurate, or subjective data.
8433	(5) The report described in Subsection (2)(a):
8434	(a) may include data that compare and identify general acute hospitals, ambulatory
8435	surgical centers, and specialty hospitals;
8436	(b) shall contain only statistical, non-identifying information and may not disclose the
8437	identity of:
8438	(i) an employee of an ambulatory surgical facility, a general acute hospital, or a
8439	specialty hospital;
8440	(ii) a patient; or
8441	(iii) a health care provider licensed under Title 58, Occupations and Professions; and
8442	(c) may not be used as evidence in a criminal, civil, or administrative proceeding.
8443	(6) This section does not limit the department's authority to investigate and collect data
8444	regarding infections and communicable diseases under other provisions of state or federal law.
8445	Section 264. Section 26B-7-222, which is renumbered from Section 26-6-32 is
8446	renumbered and amended to read:
8447	[26-6-32]. <u>26B-7-222.</u> Testing for COVID-19 for high-risk individuals at care
8448	facilities Collection and release of information regarding risk factors and comorbidities
8449	for COVID-19.
8450	(1) As used in this section:
8451	(a) "Care facility" means a facility described in Subsections [26-6-6] 26B-7-206(2)
8452	through (6).

8453	(b) "COVID-19" means the same as that term is defined in Section 78B-4-517.
8454	(2) (a) At the request of the department or a local health department, an individual who
8455	meets the criteria established by the department under Subsection (2)(b) shall submit to testing
8456	for COVID-19.
8457	(b) The department:
8458	(i) shall establish protocols to identify and test individuals who are present at a care
8459	facility and are at high risk for contracting COVID-19;
8460	(ii) may establish criteria to identify care facilities where individuals are at high risk for
8461	COVID-19; and
8462	(iii) may establish who is responsible for the costs of the testing.
8463	(c) (i) The protocols described in Subsection (2)(b)(i) shall:
8464	(A) notwithstanding Subsection (2)(a), permit an individual who is a resident of a care
8465	facility to refuse testing; and
8466	(B) specify criteria for when an individual's refusal to submit to testing under
8467	Subsection (2)(c)(i)(A) endangers the health or safety of other individuals at the care facility.
8468	(ii) Notwithstanding any other provision of state law, a care facility may discharge a
8469	resident who declines testing requested by the department under Subsection (2)(a) if:
8470	(A) under the criteria specified by the department under Subsection (2)(c)(i)(B), the
8471	resident's refusal to submit to testing endangers the health or safety of other individuals at the
8472	care facility; and
8473	(B) discharging the resident does not violate federal law.
8474	(3) The department may establish protocols to collect information regarding the
8475	individual's age and relevant comorbidities from an individual who receives a positive test
8476	result for COVID-19.
8477	(4) (a) The department shall publish deidentified information regarding comorbidities
8478	and other risk factors for COVID-19 in a manner that is accessible to the public.
8479	(b) The department may work with a state agency as defined in Section 67-27-102, to

8480	perform the analysis or publish the information described in Subsection (4)(a).
8481	Section 265. Section 26B-7-223, which is renumbered from Section 26-6-42 is
8482	renumbered and amended to read:
8483	[26-6-42]. <u>26B-7-223.</u> Department support for local education agency test to
8484	stay programs Department guidance for local education agencies.
8485	(1) As used in this section:
8486	(a) "Case threshold" means the same as that term is defined in Section 53G-9-210.
8487	(b) "COVID-19" means the same as that term is defined in Section 53G-9-210.
8488	(c) "Local education agency" or "LEA" means the same as that term is defined in
8489	Section 53G-9-210.
8490	(d) "Test to stay program" means the same as that term is defined in Section
8491	53G-9-210.
8492	(2) At the request of an LEA, the department shall provide support for the LEA's test to
8493	stay program if a school in the LEA reaches the case threshold, including by providing:
8494	(a) COVID-19 testing supplies;
8495	(b) a mobile testing unit; and
8496	(c) other support requested by the LEA related to the LEA's test to stay program.
8497	(3) The department shall ensure that guidance the department provides to LEAs related
8498	to test to stay programs complies with Section 53G-9-210, including the determination of
8499	whether a school meets a case threshold described in Subsection 53G-9-210(3).
8500	(4) Subsection (2) regarding the requirement to support an LEA's test to stay program
8501	does not apply after February 2, 2022, unless the test to stay requirement is triggered under
8502	Subsection 53G-9-210(2)(c).
8503	Section 266. Section 26B-7-224, which is renumbered from Section 26-7-14 is
8504	renumbered and amended to read:
8505	[26-7-14]. <u>26B-7-224.</u> Study on violent incidents and fatalities involving
8506	substance abuse Report.

8507	(1) As used in this section:
8508	(a) "Drug overdose event" means an acute condition, including a decreased level of
8509	consciousness or respiratory depression resulting from the consumption or use of a controlled
8510	substance, or another substance with which a controlled substance or alcohol was combined,
8511	that results in an individual requiring medical assistance.
8512	(b) "Substance abuse" means the misuse or excessive use of alcohol or other drugs or
8513	substances.
8514	(c) "Violent incident" means:
8515	(i) aggravated assault as described in Section 76-5-103;
8516	(ii) child abuse as described in Sections 76-5-109, 76-5-109.2, 76-5-109.3, and
8517	76-5-114;
8518	(iii) an offense described in Title 76, Chapter 5, Part 2, Criminal Homicide;
8519	(iv) an offense described in Title 76, Chapter 5, Part 4, Sexual Offenses;
8520	(v) a burglary offense described in Sections 76-6-202 through 76-6-204.5;
8521	(vi) an offense described in Title 76, Chapter 6, Part 3, Robbery;
8522	(vii) a domestic violence offense, as defined in Section 77-36-1; and
8523	(viii) any other violent offense, as determined by the department.
8524	(2) In 2021 and continuing every other year, the department shall provide a report
8525	before October 1 to the Health and Human Services Interim Committee regarding the number
8526	of:
8527	(a) violent incidents and fatalities that occurred in the state during the preceding
8528	calendar year that, at the time of occurrence, involved substance abuse;
8529	(b) drug overdose events in the state during the preceding calendar year; and
8530	(c) recommendations for legislation, if any, to prevent the occurrence of the events
8531	described in Subsections (2)(a) and (b).
8532	[(3) Before October 1, 2020, the department shall:]
8533	[(a) determine what information is necessary to complete the report described in

8534	Subsection (2) and from which local, state, and federal agencies the information may be
8535	obtained;]
8536	[(b) determine the cost of any research or data collection that is necessary to complete
8537	the report described in Subsection (2);]
8538	[(c) make recommendations for legislation, if any, that is necessary to facilitate the
8539	research or data collection described in Subsection (3)(b), including recommendations for
8540	legislation to assist with information sharing between local, state, federal, and private entities
8541	and the department; and]
8542	[(d) report the findings described in Subsections (3)(a) through (c) to the Health and
8543	Human Services Interim Committee.]
8544	[(4)] (3) The department may contract with another state agency, private entity, or
8545	research institution to assist the department with the report described in Subsection (2).
8546	Section 267. Section 26B-7-225, which is renumbered from Section 26-8d-102 is
8547	renumbered and amended to read:
8548	[26-8d-102]. <u>26B-7-225.</u> Statewide stroke registry.
8549	(1) The department shall establish and supervise a statewide stroke registry to:
8550	(a) analyze information on the incidence, severity, causes, outcomes, and rehabilitation
8551	of stroke;
8552	(b) promote optimal care for stroke patients;
8553	(c) alleviate unnecessary death and disability from stroke;
8554	(d) encourage the efficient and effective continuum of patient care, including
8555	prevention, prehospital care, hospital care, and rehabilitative care; and
8556	(e) minimize the overall cost of stroke.
8557	(2) The department shall utilize the registry established under Subsection (1) to assess:
8558	(a) the effectiveness of the data collected by the registry; and
8559	(b) the impact of the statewide stroke registry on the provision of stroke care.
8560	(3) (a) The department shall make rules in accordance with Title 63G, Chapter 3, Utah

8561	Administrative Rulemaking Act, to establish:
8562	(i) the data elements that general acute hospitals shall report to the registry; and
8563	(ii) the time frame and format for reporting.
8564	(b) The data elements described in Subsection (3)(a)(i) shall include consensus metrics
8565	consistent with data elements used in nationally recognized data set platforms for stroke care.
8566	(c) The department shall permit a general acute hospital to submit data required under
8567	this section through an electronic exchange of clinical health information that meets the
8568	standards established by the department under Section [26-1-37] <u>26B-8-411</u> .
8569	(4) A general acute hospital shall submit stroke data in accordance with rules
8570	established under Subsection (3).
8571	(5) Data collected under this section shall be subject to [Chapter 3,] Chapter 8, Part 4,
8572	Health Statistics.
8573	(6) No person may be held civilly liable for providing data to the department in
8574	accordance with this section.
8575	Section 268. Section 26B-7-226, which is renumbered from Section 26-8d-103 is
8576	renumbered and amended to read:
8577	$[\frac{26-8d-103}{2}]$. Statewide cardiac registry.
8578	(1) The department shall establish and supervise a statewide cardiac registry to:
8579	(a) analyze information on the incidence, severity, causes, outcomes, and rehabilitation
8580	of cardiac diseases;
8581	(b) promote optimal care for cardiac patients;
8582	(c) alleviate unnecessary death and disability from cardiac diseases;
8583	(d) encourage the efficient and effective continuum of patient care, including
8584	prevention, prehospital care, hospital care, and rehabilitative care; and
8585	(e) minimize the overall cost of cardiac care.
8586	(2) The department shall utilize the registry established under Subsection (1) to assess:
8587	(a) the effectiveness of the data collected by the registry; and

8588	(b) the impact of the statewide cardiac registry on the provision of cardiac care.
8589	(3) (a) The department shall make rules in accordance with Title 63G, Chapter 3, Utah
8590	Administrative Rulemaking Act, to establish:
8591	(i) the data elements that general acute hospitals shall report to the registry; and
8592	(ii) the time frame and format for reporting.
8593	(b) The data elements described in Subsection (3)(a)(i) shall include consensus metrics
8594	consistent with data elements used in nationally recognized data set platforms for cardiac care.
8595	(c) The department shall permit a general acute hospital to submit data required under
8596	this section through an electronic exchange of clinical health information that meets the
8597	standards established by the department under Section [26-1-37] <u>26B-8-411</u> .
8598	(4) A general acute hospital shall submit cardiac data in accordance with rules
8599	established under Subsection (3).
8600	(5) Data collected under this section shall be subject to [Chapter 3] Chapter 8, Part 4,
8601	Health Statistics.
8602	(6) No person may be held civilly liable for providing data to the department in
8603	accordance with this section.
8604	Section 269. Section 26B-7-227, which is renumbered from Section 26-5-1 is
8605	renumbered and amended to read:
8606	[26-5-1]. <u>26B-7-227.</u> Chronic disease control Establishing a prevention
8607	program Detection, monitoring, and community education.
8608	(1) As used in this [chapter] section, "chronic disease" means an impairment or
8609	deviation from the normal functioning of the human body having one or more of the following
8610	characteristics:
8611	[(1) It] (a) is permanent;
8612	[(2) It] (b) leaves residual disability;
8613	$[\frac{(3)}{\text{It}}]$ (c) is caused by nonreversible pathological alterations;
8614	[(4) It] (d) requires special patient education and instruction for rehabilitation; or

8615	[(5) It] (e) may require a long period of supervision, observation and care.
8616	(2) The department shall establish and operate reasonable programs to prevent, delay,
8617	and detect the onset of chronic diseases including cancer, diabetes, cardiovascular and
8618	pulmonary diseases, genetic diseases, and such other chronic diseases as the department
8619	determines are important in promoting, protecting, and maintaining the public's health.
8620	(3) (a) The department shall develop and maintain a system for detecting and
8621	monitoring chronic diseases within the state and shall investigate and determine the
8622	epidemiology of those conditions which contributed to preventable and premature sickness, or
8623	both, and to death and disability.
8624	(b) The department shall consider the disease known as "lupus" a chronic disease
8625	subject to the detection and monitoring provisions of Subsection (3)(a).
8626	(4) The department shall establish programs of community and professional education
8627	relevant to the detection, prevention, and control of chronic diseases.
8628	Section 270. Section 26B-7-301, which is renumbered from Section 26-23b-102 is
8629	renumbered and amended to read:
8630	Part 3. Treatment, Isolation, and Quarantine Procedures for Communicable Diseases
8631	$[\frac{26-23b-102}{2}]$. <u>26B-7-301</u> . Definitions.
8632	As used in this [chapter] part:
8633	(1) "Bioterrorism" means:
8634	(a) the intentional use of any microorganism, virus, infectious substance, or biological
8635	product to cause death, disease, or other biological malfunction in a human, an animal, a plant,
8636	or another living organism in order to influence, intimidate, or coerce the conduct of
8637	government or a civilian population; and
8638	(b) includes anthrax, botulism, small pox, plague, tularemia, and viral hemorrhagic
8639	fevers.
8640	(2) "Diagnostic information" means a clinical facility's record of individuals who
8641	present for treatment, including the reason for the visit, chief complaint, presenting diagnosis,

8642	final diagnosis, and any pertinent lab results.
8643	(3) "Epidemic or pandemic disease":
8644	(a) means the occurrence in a community or region of cases of an illness clearly in
8645	excess of normal expectancy; and
8646	(b) includes diseases designated by the department which have the potential to cause
8647	serious illness or death.
8648	(4) "Exigent circumstances" means a significant change in circumstances following the
8649	expiration of a public health emergency declared in accordance with this title that:
8650	(a) substantially increases the threat to public safety or health relative to the
8651	circumstances in existence when the public health emergency expired;
8652	(b) poses an imminent threat to public safety or health; and
8653	(c) was not known or foreseen and could not have been known or foreseen at the time
8654	the public health emergency expired.
8655	(5) "First responder" means:
8656	(a) a law enforcement officer as defined in Section 53-13-103;
8657	(b) emergency medical service personnel as defined in Section 26B-4-101;
8658	(c) firefighters; and
8659	(d) public health personnel having jurisdiction over the location where an individual
8660	subject to restriction is found.
8661	$[\frac{(5)}{(6)}]$ "Health care provider" means the same as that term is defined in Section
8662	78B-3-403.
8663	[(6)] (7) "Legislative emergency response committee" means the same as that term is
8664	defined in Section 53-2a-203.
8665	[(7)] (8) (a) "Order of constraint" means an order, rule, or regulation issued in response
8666	to a declared public health emergency under this [chapter] part, that:
8667	(i) applies to all or substantially all:
8668	(A) individuals or a certain group of individuals; or

8669	(B) public places or certain types of public places; and
8670	(ii) for the protection of the public health and in response to the declared public health
8671	emergency:
8672	(A) establishes, maintains, or enforces isolation or quarantine;
8673	(B) establishes, maintains, or enforces a stay-at-home order;
8674	(C) exercises physical control over property or individuals;
8675	(D) requires an individual to perform a certain action or engage in certain behavior; or
8676	(E) closes theaters, schools, or other public places or prohibits gatherings of people to
8677	protect the public health.
8678	(b) "Order of constraint" includes a stay-at-home order.
8679	(9) "Order of restriction" means an order issued by a department or a district court
8680	which requires an individual or group of individuals who are subject to restriction to submit to
8681	an examination, treatment, isolation, or quarantine.
8682	[8] (10) "Public health emergency" means an occurrence or imminent credible threat
8683	of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or
8684	novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a
8685	significant number of human fatalities or incidents of permanent or long-term disability. Such
8686	illness or health condition includes an illness or health condition resulting from a natural
8687	disaster.
8688	(11) "Public health official" means:
8689	(a) the executive director or the executive director's authorized representative; or
8690	(b) the executive director of a local health department or the executive director's
8691	authorized representative.
8692	[9] (12) "Reportable emergency illness and health condition" includes the diseases,
8693	conditions, or syndromes designated by the department.
8694	$[\frac{(10)}{(13)}]$ "Stay-at-home order" means an order of constraint that:
8695	(a) restricts movement of the general population to suppress or mitigate an epidemic or

8696 pandemic disease by directing individuals within a defined geographic area to remain in their 8697 respective residences; and (b) may include exceptions for certain essential tasks. 8698 (14) "Subject to restriction" as applied to an individual, or a group of individuals, 8699 8700 means the individual or group of individuals is: 8701 (a) infected or suspected to be infected with a communicable disease that poses a threat 8702 to the public health and who does not take action as required by the department to prevent 8703 spread of the disease; 8704 (b) contaminated or suspected to be contaminated with an infectious agent that poses a 8705 threat to the public health, and that could be spread to others if remedial action is not taken; 8706 (c) in a condition or suspected condition which, if the individual is exposed to others, 8707 poses a threat to public health, or is in a condition which if treatment is not completed the 8708 individual will pose a threat to public health; or 8709 (d) contaminated or suspected to be contaminated with a chemical or biological agent 8710 that poses a threat to the public health and that could be spread to others if remedial action is 8711 not taken. 8712 Section 271. Section 26B-7-302, which is renumbered from Section 26-1-12 is 8713 renumbered and amended to read: 8714 26B-7-302. Executive director -- Power to order abatement of $[\frac{26-1-12}{2}]$. 8715 public health hazard. If the executive director finds that a condition of filth, sanitation, or other health hazard 8716 8717 exists which creates a clear present hazard to the public health and which requires immediate 8718 action to protect human health or safety, the executive director with the concurrence of the 8719 governor may order persons causing or contributing to the condition to reduce, discontinue, or 8720 ameliorate it to the extent that the public health hazard is eliminated. 8721 Section 272. Section 26B-7-303, which is renumbered from Section 26-6b-1 is renumbered and amended to read: 8722

[26-6b-1]. <u>26B-7-303.</u> Applicability Administrative procedures.
(1) [This chapter applies] Sections 26B-7-304 through 26B-7-315 apply to involuntary
examination, treatment, isolation, and quarantine actions applied to individuals or groups of
individuals by the department or a local health department.
(2) The provisions of [this chapter] <u>Sections 26B-7-304 through 26B-7-315</u> supersede
the provisions of Title 63G, Chapter 4, Administrative Procedures Act.
(3) The [Department of Health] department may adopt rules in accordance with Title
63G, Chapter 3, Utah Administrative Rulemaking Act, as necessary to administer the
provisions of [this chapter] Sections 26B-7-304 through 26B-7-315.
Section 273. Section 26B-7-304, which is renumbered from Section 26-6b-3 is
renumbered and amended to read:
$[\frac{26-6b-3}{2}]$. 26B-7-304. Order of restriction.
(1) Subject to Subsection (5), the department or a local health department having
jurisdiction over the location where an individual or a group of individuals who are subject to
restriction are found may:
(a) issue a written order of restriction for the individual or group of individuals
pursuant to Section $[\frac{26-1-30}{26B-1-202}]$ or Subsection $\frac{26A-1-114}{26B-1-114}$ upon compliance with
the requirements of [this chapter] Sections 26B-7-304 through 26B-7-314; and
(b) issue a verbal order of restriction for an individual or group of individuals pursuant
to Subsection (2)(c).
(2) (a) A department or local health department's determination to issue an order of
restriction shall be based upon the totality of circumstances reported to and known by the
department or local health department, including:
(i) observation;
(ii) information that the department or local health department determines is credible
and reliable information; and
(iii) knowledge of current public health risks based on medically accepted guidelines as

8750	may be established by the [Department of Health] department by administrative rule.
8751	(b) An order of restriction issued by the department or a local health department shall:
8752	(i) in the opinion of the public health official, be for the shortest reasonable period of
8753	time necessary to protect the public health;
8754	(ii) use the least intrusive method of restriction that, in the opinion of the department on
8755	local health department, is reasonable based on the totality of circumstances known to the
8756	department or local health department issuing the order of restriction;
8757	(iii) be in writing unless the provisions of Subsection (2)(c) apply; and
8758	(iv) contain notice of an individual's rights as required in Section [26-6b-3.3]
8759	<u>26B-7-307</u> .
8760	(c) (i) [A] The department or a local health department may issue a verbal order of
8761	restriction, without prior notice to the individual or group of individuals if the delay in
8762	imposing a written order of restriction would significantly jeopardize the department or local
8763	<u>health</u> department's ability to prevent or limit:
8764	(A) the transmission of a communicable or possibly communicable disease that poses a
8765	threat to public health;
8766	(B) the transmission of an infectious agent or possibly infectious agent that poses a
8767	threat to public health;
8768	(C) the exposure or possible exposure of a chemical or biological agent that poses a
8769	threat to public health; or
8770	(D) the exposure or transmission of a condition that poses a threat to public health.
8771	(ii) A verbal order of restriction issued under [the provisions of] Subsection (2)(c)(i):
8772	(A) is valid for 24 hours from the time the order of restriction is issued;
8773	(B) may be verbally communicated to the individuals or group of individuals subject to
8774	restriction by a first responder;
8775	(C) may be enforced by the first responder until the department or local health
8776	department is able to establish and maintain the place of restriction; and

(D) may only be continued beyond the initial 24 hours if a written order of restriction i
issued pursuant to the provisions of Section [26-6b-3.3] <u>26B-7-307</u> .

- (3) Pending issuance of a written order of restriction under Section [26-6b-3.3] 26B-7-307, or judicial review of an order of restriction [by the district court pursuant to] under Section [26-6b-6] 26B-7-311, an individual who is subject to the order of restriction may be required to submit to involuntary examination, quarantine, isolation, or treatment in the individual's home, a hospital, or any other suitable facility under reasonable conditions prescribed by the department or local health department.
- (4) The department <u>or local health department</u> that issued the order of restriction shall take reasonable measures, including the provision of medical care, as may be necessary to assure proper care related to the reason for the involuntary examination, treatment, isolation, or quarantine of an individual ordered to submit to an order of restriction.
- (5) (a) The Legislature may at any time terminate by joint resolution an order of restriction issued by the department or local health department as described in this section in response to a declared public health emergency.
- (b) A county governing body may at any time terminate by majority vote an order of restriction issued by the relevant local health department [as described in] under this section issued in response to a declared public health emergency.
- Section 274. Section **26B-7-305**, which is renumbered from Section 26-6b-3.1 is renumbered and amended to read:

[26-6b-3.1]. 26B-7-305. Consent to order of restriction -- Periodic review.

- (1) (a) The department <u>or a local health department</u> shall either seek judicial review of an order of restriction under Sections [26-6b-4] 26B-7-309 through [26-6b-6] 26B-7-311, or obtain the consent of an individual subject to an order of restriction.
- (b) If the department <u>or a local health department</u> obtains consent, the consent shall be in writing and shall inform the individual or group of individuals:
 - (i) of the terms and duration of the order of restriction;

8804	(ii) of the importance of complying with the order of restriction to protect the public's
8805	health;
8806	(iii) that each individual has the right to agree to the order of restriction, or refuse to
8807	agree to the order of restriction and seek a judicial review of the order of restriction;
8808	(iv) that for any individual who consents to the order of restriction:
8809	(A) the order of restriction will not be reviewed by the [district] court unless the
8810	individual withdraws consent to the order of restriction in accordance with Subsection
8811	(1)(b)(iv)(B); and
8812	(B) the individual shall notify the department or local health department in writing,
8813	with at least five business day's notice, if the individual intends to withdraw consent to the
8814	order of restriction; and
8815	(v) that a breach of a consent agreement prior to the end of the order of restriction may
8816	subject the individual to an involuntary order of restriction under Section [26-6b-3.2]
8817	<u>26B-7-306</u> .
8818	(2) (a) The department or local health department responsible for the care of an
8819	individual who has consented to the order of restriction shall periodically reexamine the
8820	reasons upon which the order of restriction was based. This reexamination shall occur at least
8821	once every six months.
8822	(b) (i) If at any time, the department or local health department determines that the
8823	conditions justifying the order of restriction for either a group or an individual no longer exist,
8824	the department or local health department shall immediately discharge the individual or group
8825	from the order of restriction.
8826	(ii) If the department or local health department determines that the conditions
8827	justifying the order of restriction continue to exist, the department or local health department
8828	shall send to the individual a written notice of:
8829	(A) the <u>department or local health</u> department's findings, the expected duration of the

order of restriction, and the reason for the decision; and

8831	(B) the individual's right to a judicial review of the order of restriction by the [district]
8832	court if requested by the individual.
8833	(iii) Upon request for judicial review by an individual, the department or local health
8834	department shall:
8835	(A) file a petition [in district] with the court within five business days after the
8836	individual's request for a judicial review; and
8837	(B) proceed under Sections [26-6b-4] <u>26B-7-309</u> through [26-6b-6] <u>26B-7-311</u> .
8838	Section 275. Section 26B-7-306, which is renumbered from Section 26-6b-3.2 is
8839	renumbered and amended to read:
8840	[26-6b-3.2]. <u>26B-7-306.</u> Involuntary order of restriction Notice Effect of
8841	order during judicial review.
8842	(1) If the department or local health department cannot obtain consent to the order of
8843	restriction from an individual, or if an individual withdraws consent to an order under
8844	Subsection [26-6b-3.1] 26B-7-305(1)(b)(iv)(B), the department or local health department
8845	shall:
8846	(a) give the individual or group of individuals subject to the order of restriction a
8847	written notice of:
8848	(i) the order of restriction and any supporting documentation; and
8849	(ii) the individual's right to a judicial review of the order of restriction; and
8850	(b) file a petition for a judicial review of the order of restriction under Section
8851	[26-6b-4] <u>26B-7-309</u> in [district] court within:
8852	(i) five business days after issuing the written notice of the order of restriction; or
8853	(ii) if consent has been withdrawn under Subsection [26-6b-3.1]
8854	26B-7-305(1)(b)(iv)(B), within five business days after receiving notice of the individual's
8855	withdrawal of consent.
8856	(2) (a) An order of restriction remains in effect during any judicial proceedings to
8857	review the order of restriction if the department or local health department files a petition for

judicial review of the order of restriction [with the district] within the period of time required
by this section.
(b) Law enforcement officers with jurisdiction in the area where the individual who is
subject to the order of restriction can be located shall assist the department or local health
<u>department</u> with enforcing the order of restriction.
Section 276. Section 26B-7-307, which is renumbered from Section 26-6b-3.3 is
renumbered and amended to read:
[26-6b-3.3]. 26B-7-307. Contents of notice of order of restriction Rights of
individuals.
(1) A written order of restriction issued by a department or local health department
shall include the following information:
(a) the identity of the individual or a description of the group of individuals subject to
the order of restriction;
(b) the identity or location of any premises that may be subject to restriction;
(c) the date and time for which the restriction begins and the expected duration of the
restriction;
(d) the suspected communicable disease, infectious, chemical or biological agent, or
other condition that poses a threat to public health;
(e) the requirements for termination of the order of restriction, such as necessary
laboratory reports, the expiration of an incubation period, or the completion of treatment for the
communicable disease;
(f) any conditions on the restriction, such as limitation of visitors or requirements for
medical monitoring;
(g) the medical or scientific information upon which the restriction is based;
(h) a statement advising of the right to a judicial review of the order of restriction by
the [district] court; and
(i) pursuant to Subsection (2), the rights of each individual subject to restriction.

- (2) An individual subject to restriction has the following rights:
- (a) the right to be represented by legal counsel in any judicial review of the order of restriction in accordance with Subsection [26-6b-4] 26B-7-309(3);
- (b) the right to be provided with prior notice of the date, time, and location of any hearing concerning the order of restriction;
- (c) the right to participate in any hearing, in a manner established by the court based on precautions necessary to prevent additional exposure to communicable or possibly communicable diseases or to protect the public health;
- (d) the right to respond and present evidence and arguments on the individual's own behalf in any hearing;
 - (e) the right to cross examine witnesses; and
- (f) the right to review and copy all records in the possession of the department that issued the order of restriction which relate to the subject of the written order of restriction.
- (3) (a) Notwithstanding the provisions of Subsection (1), if the department or a local health department issues an order of restriction for a group of individuals, the department or local health department may modify the method of providing notice to the group or modify the information contained in the notice, if the public health official determines the modification of the notice is necessary to:
 - (i) protect the privacy of medical information of individuals in the group; or
- (ii) provide notice to the group in a manner that will efficiently and effectively notify the individuals in the group within the period of time necessary to protect the public health.
- (b) When the department or a <u>local health</u> department modifies notice to a group of individuals under Subsection (3)(a), the department <u>or local health department</u> shall provide each individual in the group with notice that complies with the provisions of Subsection (1) as soon as reasonably practical.
- (4) (a) In addition to the rights of an individual described in Subsections (1) and (2), an individual subject to an order of restriction may not be terminated from employment if the

reason for termination is based solely on the fact that the individual is or was subject to an order of restriction.

- (b) The department <u>or local health department</u> issuing the order of restriction shall give the individual subject to the order of restriction notice of the individual's employment rights under Subsection (4)(a).
- (c) An employer in the state, including an employer who is the state or a political subdivision of the state, may not violate the provisions of Subsection (4)(a).
- Section 277. Section **26B-7-308**, which is renumbered from Section 26-6b-3.4 is renumbered and amended to read:

[26-6b-3.4]. <u>26B-7-308.</u> Medical records -- Privacy protections.

- (1) (a) Health care providers as defined in Section 78B-3-403, health care facilities licensed under [Title 26, Chapter 21] Chapter 2, Part 2, Health Care Facility Licensing and Inspection, [Act,] and governmental entities, shall, when requested, provide the public health official and the individual subject to an order of restriction, a copy of medical records that are relevant to the order of restriction.
- (b) The records requested under Subsection (1)(a) shall be provided as soon as reasonably possible after the request is submitted to the health care provider or health care facility, or as soon as reasonably possible after the health care provider or facility receives the results of any relevant diagnostic testing of the individual.
- (2) (a) The production of records under the provisions of this section is for the benefit of the public health and safety of the citizens of the state. A health care provider or facility is encouraged to provide copies of medical records or other records necessary to carry out the purpose of [this chapter] Sections 26B-7-304 through 26B-7-314 free of charge.
- (b) Notwithstanding the provisions of Subsection (2)(c), a health care facility that is a state governmental entity shall provide medical records or other records necessary to carry out the purposes of [this chapter] Sections 26B-7-304 through 26B-7-314, free of charge.
 - (c) If a health care provider or health care facility does not provide medical records free

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designates.

8939	of charge under the provisions of Subsection (2)(a) or (b), the health care provider or facility
8940	may charge a fee for the records that does not exceed the presumed reasonable charges
8941	established for workers' compensation by administrative rule adopted by the Labor
8942	Commission.
8943	(3) Medical records held by a court related to orders of restriction under [this chapter]
8944	Sections 26B-7-304 through 26B-7-314 shall be sealed by the [district] court at the conclusion
8945	of the case.
8946	Section 278. Section 26B-7-309, which is renumbered from Section 26-6b-4 is
8947	renumbered and amended to read:
8948	[26-6b-4]. <u>26B-7-309.</u> Judicial review Required notice Representation by
8949	counsel Conduct of proceedings.
8950	(1) The provisions of this section and Sections [26-6b-5] 26B-7-310 through [26-6b-7]
8951	26B-7-312 apply if the department or a local health department issues an order for restriction,
8952	and:
8953	(a) an individual subject to the order of restriction refuses to consent to the order of
8954	restriction;
8955	(b) an individual subject to an order of restriction has withdrawn consent to an order of
8956	restriction under the provisions of Subsection [26-6b-3.1] <u>26B-7-305(1)(b)(iv)(B)</u> ; or
8957	(c) the department or local health department chooses to not attempt to obtain consent
8958	to an order of restriction and files an action for judicial review of the order of restriction.
8959	(2) (a) If the individual who is subject to an order of restriction is in custody, the
8960	department or local health department, which is the petitioner, shall provide to the individual
8961	written notice of the petition for judicial review of the order of restriction and hearings held
8962	pursuant to Sections $[\underline{26-6b-5}]$ $\underline{26B-7-310}$ through $[\underline{26-6b-7}]$ $\underline{26B-7-312}$ as soon as practicable,
8963	and shall send the notice to the legal guardian, legal counsel for the parties involved, and any

other persons and immediate adult family members whom the individual or the [district] court

(b) The notice described in Subsection (2)(a) shall advise these persons that a hearing may be held within the time provided by this [chapter] part.

- [(b)] (c) If the individual has refused to permit release of information necessary for the provision of notice under this Subsection (2), the extent of notice shall be determined by the [district] court.
- [(c)] (d) Notwithstanding the notice requirement in Subsection (2)(a), if the court determines that written notice to each individual in a group of individuals subject to an order of restriction is not practical considering the circumstances of the threat to public health, the court may order the department to provide notice to the individual or group of individuals in a manner determined by the court.
- (3) (a) If the individual who is subject to an order of restriction is in custody, he shall be afforded an opportunity to be represented by counsel. If neither the individual nor others provide for counsel, the [district] court shall appoint counsel and allow counsel sufficient time to consult with the individual prior to the hearing. If the individual is indigent, the payment of reasonable attorney fees for counsel, as determined by the [district] court, shall be made by the county in which the individual resides or was found.
- (b) The parties may appear at the hearings, to testify, and to present and cross-examine witnesses. The [district] court may, in its discretion, receive the testimony of any other individual.
- (c) The [district] court may allow a waiver of the individual's right to appear only for good cause shown, and that cause shall be made a part of the court record.
- (d) The [district] court may order that the individual participate in the hearing by telephonic or other electronic means if the individual's condition poses a health threat to those who physically attend the hearing or to others if the individual is transported to the court.
- (4) The [district] court may, in its discretion, order that the individual be moved to a more appropriate treatment, quarantine, or isolation facility outside of its jurisdiction, and may transfer the proceedings to any other [district] court within this state where venue is proper,

provided that the	transfer wil	l not be ad	verse to the	legal interes	ts of the individual.

- (5) All persons to whom notice is required to be given may attend the hearings. The [district] court may exclude from the hearing all persons not necessary for the conduct of the proceedings.
- (6) All hearings shall be conducted in as informal a manner as may be consistent with orderly procedure, and in a physical setting that is not likely to have a harmful effect on the health of the individual or others required to participate in the hearing.
- (7) The [district] court shall receive all relevant and material evidence which is offered, subject to Utah Rules of Evidence.
- (8) The [district] court may order law enforcement to assist the petitioner in locating the individuals subject to restriction and enforcing the order of restriction.
- Section 279. Section **26B-7-310**, which is renumbered from Section 26-6b-5 is renumbered and amended to read:

[26-6b-5]. <u>26B-7-310.</u> Petition for judicial review of order of restriction -- Court-ordered examination period.

- (1) (a) A department may petition for a judicial review of the department's order of restriction for an individual or group of individuals who are subject to restriction by filing a written petition with the [district] court of the county in which the individual or group of individuals reside or are located.
- (b) (i) The county attorney for the county where the individual or group of individuals reside or are located shall represent the local health department in any proceedings under [this chapter] Sections 26B-7-304 through 26B-7-314.
- (ii) The Office of the Attorney General shall represent the department when the petitioner is the [Department of Health] department in any proceedings under [this chapter] Sections 26B-7-304 through 26B-7-314.
 - (2) The petition under Subsection (1) shall be accompanied by:
- 9019 (a) written affidavit of the department stating:

9020 (i) a belief the individual or group of individuals are subject to restriction; 9021 (ii) a belief that the individual or group of individuals who are subject to restriction are 9022 likely to fail to submit to examination, treatment, quarantine, or isolation if not immediately 9023 restrained; 9024 (iii) this failure would pose a threat to the public health; and 9025 (iv) the personal knowledge of the individual's or group of individuals' condition or the 9026 circumstances that lead to that belief; and 9027 (b) a written statement by a licensed physician or physician assistant indicating the 9028 physician or physician assistant finds the individual or group of individuals are subject to 9029 restriction. 9030 (3) The court shall issue an order of restriction requiring the individual or group of 9031 individuals to submit to involuntary restriction to protect the public health if the [district] court 9032 finds: 9033 (a) there is a reasonable basis to believe that the individual's or group of individuals' 9034 condition requires involuntary examination, quarantine, treatment, or isolation pending 9035 examination and hearing; or 9036 (b) the individual or group of individuals have refused to submit to examination by a 9037 health professional as directed by the department or to voluntarily submit to examination, 9038 treatment, quarantine, or isolation. 9039 (4) If the individual or group of individuals who are subject to restriction are not in 9040 custody, the court may make its determination and issue its order of restriction in an exparte 9041 hearing. 9042 (5) At least 24 hours prior to the hearing required by Section [26-6b-6] 26B-7-311, the 9043 department which is the petitioner, shall report to the court, in writing, the opinion of qualified

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health care providers:

contaminated with:

(a) regarding whether the individual or group of individuals are infected by or

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9047	(i) a communicable or possible communicable disease that poses a threat to public
9048	health;
9049	(ii) an infectious agent or possibly infectious agent that poses a threat to public health;
9050	(iii) a chemical or biological agent that poses a threat to public health; or
9051	(iv) a condition that poses a threat to public health;
9052	(b) that despite the exercise of reasonable diligence, the diagnostic studies have not
9053	been completed;
9054	(c) whether the individual or group of individuals have agreed to voluntarily comply
9055	with necessary examination, treatment, quarantine, or isolation; and
9056	(d) whether the petitioner believes the individual or group of individuals will comply
9057	without court proceedings.
9058	Section 280. Section 26B-7-311, which is renumbered from Section 26-6b-6 is
9059	renumbered and amended to read:
9060	[26-6b-6]. <u>26B-7-311.</u> Court determination for an order of restriction after
9061	examination period.
9062	(1) The [district] court shall set a hearing regarding the involuntary order of restriction
9063	of an individual or group of individuals, to be held within 10 business days of the issuance of
9064	its order of restriction issued pursuant to Section $\left[\frac{26-6b-5}{26-6b-5}\right]$ 26B-7-310, unless the petitioner
9065	informs the [district] court prior to this hearing that the individual or group of individuals:
9066	(a) are not subject to restriction; or
9067	(b) have stipulated to the issuance of an order of restriction.
9068	(2) If the individual or an individual in a group of individuals has stipulated to the
9069	issuance of an order of restriction, the court may issue an order as provided in Subsection (6)
9070	for those individuals without further hearing.
9071	(3) (a) If the examination report required in Section $\left[\frac{26-6b-5}{26-6b-5}\right]$ proves the
9072	individual or group of individuals are not subject to restriction, the court may without further
9073	hearing terminate the proceedings and dismiss the petition.

(b) The court may, after a hearing at which the individual or group of individuals are present in person or by telephonic or other electronic means and have had the opportunity to be represented by counsel, extend its order of restriction for a reasonable period, not to exceed 90 days, if the court has reason to believe the individual or group of individuals are infected by or contaminated with:

- (i) a communicable or possibly communicable disease that poses a threat to public health:
 - (ii) an infectious agent or possibly infectious agent that poses a threat to public health;
 - (iii) a chemical or biological agent that poses a threat to public health; or
- (iv) a condition that poses a threat to public health, but, despite the exercise of reasonable diligence the diagnostic studies have not been completed.
- (4) The petitioner shall, at the time of the hearing, provide the [district] court with the following items, to the extent that they have been issued or are otherwise available:
 - (a) the order of restriction issued by the petitioner;

- (b) admission notes if any individual was hospitalized; and
- (c) medical records pertaining to the current order of restriction.
- (5) The information provided to the court under Subsection (4) shall also be provided to the individual's or group of individual's counsel at the time of the hearing, and at any time prior to the hearing upon request of counsel.
- (6) (a) The [district] court shall order the individual and each individual in a group of individuals to submit to the order of restriction if, upon completion of the hearing and consideration of the record, it finds by clear and convincing evidence that:
- (i) the individual or group of individuals are infected with a communicable disease or infectious agent, are contaminated with a chemical or biological agent, or are in a condition that poses a threat to public health;
- (ii) there is no appropriate and less restrictive alternative to a court order of examination, quarantine, isolation, and treatment, or any of them;

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an indeterminate period.

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9101	(iii) the petitioner can provide the individual or group of individuals with treatment
9102	that is adequate and appropriate to the individual's or group of individuals' conditions and
9103	needs; and
9104	(iv) it is in the public interest to order the individual or group of individuals to submit
9105	to involuntary examination, quarantine, isolation, and treatment, or any of them after weighing
9106	the following factors:
9107	(A) the personal or religious beliefs, if any, of the individual that are opposed to
9108	medical examination or treatment;
9109	(B) the ability of the department to control the public health threat with treatment
9110	alternatives that are requested by the individual;
9111	(C) the economic impact for the department if the individual is permitted to use an
9112	alternative to the treatment recommended by the department; and
9113	(D) other relevant factors as determined by the court.
9114	(b) If upon completion of the hearing the court does not find all of the conditions listed
9115	in Subsection (6)(a) exist, the court shall immediately dismiss the petition.
9116	(7) The order of restriction shall designate the period, subject to Subsection (8), for
9117	which the individual or group of individuals shall be examined, treated, isolated, or
9118	quarantined.
9119	(8) (a) The order of restriction may not exceed six months without benefit of a [district]
9120	court review hearing.
9121	(b) (i) The [district] court review hearing shall be held prior to the expiration of the
9122	order of restriction issued under Subsection (7).
9123	(ii) At the review hearing the court may issue an order of restriction for up to an
9124	indeterminate period, if the [district] court enters a written finding in the record determining by
9125	clear and convincing evidence that the required conditions in Subsection (6) will continue for

Section 281. Section 26B-7-312, which is renumbered from Section 26-6b-7 is

9128	renumbered and amended to read:
9129	[26-6b-7]. <u>26B-7-312.</u> Periodic review of individuals under court order.
9130	(1) (a) At least two weeks prior to the expiration of the designated period of any court
9131	order still in effect, the petitioner shall inform the court that issued the order that the order is
9132	about to expire.
9133	(b) The petitioner shall immediately reexamine the reasons upon which the court's
9134	order was based.
9135	(c) If the petitioner determines that the conditions justifying that order no longer exist,
9136	[it] the petitioner shall discharge the individual from involuntary quarantine, isolation, or
9137	treatment and report its action to the court for a termination of the order.
9138	(d) [Otherwise] If the conditions justifying the order still exist, the court shall schedule
9139	a hearing prior to the expiration of [its] the court's order and proceed under Sections [26-6b-4]
9140	<u>26B-7-309</u> through [26-6b-6] <u>26B-7-311</u> .
9141	(2) (a) The petitioner responsible for the care of an individual under a court order of
9142	involuntary quarantine, isolation, or treatment for an indeterminate period shall at six-month
9143	intervals reexamine the reasons upon which the order of indeterminate duration was based.
9144	(b) If the petitioner determines that the conditions justifying that the court's order no
9145	longer exist, the petitioner shall discharge the individual from involuntary quarantine, isolation,
9146	or treatment and immediately report its action to the court for a termination of the order.
9147	(c) If the petitioner determines that the conditions justifying the involuntary quarantine,
9148	isolation, or treatment continue to exist, the petitioner shall send a written report of those
9149	findings to the court.
9150	(d) The petitioner shall notify the individual and his counsel of record in writing that
9151	the involuntary quarantine, isolation, or treatment will be continued, the reasons for that
9152	decision, and that the individual has the right to a review hearing by making a request to the
9153	court.

(e) Upon receiving the request for a review, the court shall immediately set a hearing

9155	date and proceed under Sections [$\frac{26-6b-4}{26B-6-309}$ through [$\frac{26-6b-6}{26B-6-311}$.
9156	Section 282. Section 26B-7-313, which is renumbered from Section 26-6b-8 is
9157	renumbered and amended to read:
9158	[26-6b-8]. <u>26B-7-313.</u> Transportation of individuals subject to temporary or
9159	court-ordered restriction.
9160	Transportation of an individual subject to an order of restriction to court, or to a place
9161	for examination, quarantine, isolation, or treatment pursuant a temporary order issued by a
9162	department or local health department, or pursuant to a court order, shall be conducted by the
9163	county sheriff where the individual is located.
9164	Section 283. Section 26B-7-314, which is renumbered from Section 26-6b-9 is
9165	renumbered and amended to read:
9166	[26-6b-9]. <u>26B-7-314.</u> Examination, quarantine, isolation, and treatment costs.
9167	If a local health department obtains approval from the [Department of Health]
9168	department, the costs that the local health department would otherwise have to bear for
9169	examination, quarantine, isolation, and treatment ordered under the provisions of [this chapter]
9170	Sections 26B-7-304 through 26B-7-314 shall be paid by the [Department of Health]
9171	department to the extent that the individual is unable to pay and that other sources and
9172	insurance do not pay.
9173	Section 284. Section 26B-7-315, which is renumbered from Section 26-6b-10 is
9174	renumbered and amended to read:
9175	$[\frac{26-6b-10}{2}]$. 26B-7-315. Severability.
9176	[If any provision of this chapter,] With respect to Sections 26B-7-304 through
9177	26B-7-314, if a provision or the application of [this chapter] a provision to any person or
9178	circumstance[7] is found to be unconstitutional, the provision that is found to be
9179	<u>unconstitutional</u> is severable and the balance of [this chapter remains] <u>any sections not found to</u>
9180	be unconstitutional remain effective, notwithstanding [that unconstitutionality] those sections
9181	found to be unconstitutional.

9182	Section 285. Section 26B-7-316 , which is renumbered from Section 26-23b-103 is
9183	renumbered and amended to read:
9184	[26-23b-103]. <u>26B-7-316.</u> Mandatory reporting requirements Contents
9185	of reports Penalties.
9186	(1) (a) A health care provider shall report to the department any case of any person who
9187	the provider knows has a confirmed case of, or who the provider believes in his professional
9188	judgment is sufficiently likely to harbor any illness or health condition that may be caused by:
9189	(i) bioterrorism;
9190	(ii) epidemic or pandemic disease; or
9191	(iii) novel and highly fatal infectious agents or biological toxins which might pose a
9192	substantial risk of a significant number of human fatalities or incidences of permanent or
9193	long-term disability.
9194	(b) A health care provider shall immediately submit the report required by Subsection
9195	(1)(a) within 24 hours of concluding that a report is required under Subsection (1)(a).
9196	(2) (a) A report required by this section shall be submitted electronically, verbally, or in
9197	writing to the department or appropriate local health department.
9198	(b) A report submitted pursuant to Subsection (1) shall include, if known:
9199	(i) diagnostic information on the specific illness or health condition that is the subject
9200	of the report, and, if transmitted electronically, diagnostic codes assigned to the visit;
9201	(ii) the patient's name, date of birth, sex, race, occupation, and current home and work
9202	address and phone number;
9203	(iii) the name, address, and phone number of the health care provider; and
9204	(iv) the name, address, and phone number of the reporting individual.
9205	(3) The department may impose a sanction against a health care provider for failure to
9206	make a report required by this section only if the department can show by clear and convincing
9207	evidence that a health care provider willfully failed to file a report.
9208	Section 286. Section 26B-7-317, which is renumbered from Section 26-23b-104 is

9209	renumbered and amended to read:
9210	$[\frac{26-23b-104}{2}]$. Authorization to report Declaration of a public
9211	health emergency Termination of a public health emergency Order of constraint.
9212	(1) A health care provider is authorized to report to the department any case of a
9213	reportable emergency illness or health condition in any person when:
9214	(a) the health care provider knows of a confirmed case; or
9215	(b) the health care provider believes, based on the health care provider's professional
9216	judgment that a person likely harbors a reportable emergency illness or health condition.
9217	(2) A report pursuant to this section shall include, if known:
9218	(a) the name of the facility submitting the report;
9219	(b) a patient identifier that allows linkage with the patient's record for follow-up
9220	investigation if needed;
9221	(c) the date and time of visit;
9222	(d) the patient's age and sex;
9223	(e) the zip code of the patient's residence;
9224	(f) the reportable illness or condition detected or suspected;
9225	(g) diagnostic information and, if available, diagnostic codes assigned to the visit; and
9226	(h) whether the patient was admitted to the hospital.
9227	(3) (a) Subject to Subsections (3)(b) and (4), if the department determines that a public
9228	health emergency exists, the department may, with the concurrence of the governor and the
9229	executive director or in the absence of the executive director, the executive director's designee,
9230	declare a public health emergency, issue an order of constraint, and mandate reporting under
9231	this section for a limited reasonable period of time, as necessary to respond to the public health
9232	emergency.
9233	(b) (i) During a public health emergency that has been in effect for more than 30 days,
9234	the department may not issue an order of constraint until the department has provided notice of
9235	the proposed action to the legislative emergency response committee no later than 24 hours

9236	before the department issues the order of constraint.
9237	(ii) The department:
9238	(A) shall provide the notice required by Subsection (3)(b)(i) using the best available
9239	method under the circumstances as determined by the executive director;
9240	(B) may provide the notice required by Subsection (3)(b)(i) in electronic format; and
9241	(C) shall provide the notice in written form, if practicable.
9242	(c) The department may not mandate reporting under this subsection for more than 90
9243	days.
9244	(4) (a) Except as provided in Subsection (4)(b), a public health emergency declared by
9245	the department as described in Subsection (3) expires at the earliest of:
9246	(i) the day on which the department or the governor finds that the threat or danger has
9247	passed or the public health emergency reduced to the extent that emergency conditions no
9248	longer exist;
9249	(ii) 30 days after the date on which the department declared the public health
9250	emergency; or
9251	(iii) the day on which the public health emergency is terminated by a joint resolution of
9252	the Legislature.
9253	(b) (i) The Legislature, by joint resolution, may extend a public health emergency for a
9254	time period designated in the joint resolution.
9255	(ii) If the Legislature extends a public health emergency as described in Subsection
9256	(4)(b)(i), the public health emergency expires on the date designated by the Legislature.
9257	(c) Except as provided in Subsection (4)(d), if a public health emergency declared by
9258	the department expires as described in Subsection (4)(a) or (b), the department may not declare
9259	a public health emergency for the same illness or occurrence that precipitated the previous
9260	public health emergency declaration.
9261	(d) (i) Notwithstanding Subsection (4)(c), subject to Subsection (4)(e), if the

department finds that exigent circumstances exist, after providing notice to the Legislature, the

department may declare a new public health emergency for the same illness or occurrence that precipitated a previous public health emergency declaration.

- (ii) A public health emergency declared as described in Subsection (4)(d)(i) expires in accordance with Subsection (4)(a) or (b).
- (e) If the Legislature terminates a public health emergency declared due to exigent circumstances as described in Subsection (4)(d)(i), the department may not declare a new public health emergency for the same illness, occurrence, or exigent circumstances.
 - (5) During a declared public health emergency declared under this title:
 - (a) the Legislature may:
- (i) at any time by joint resolution terminate an order of constraint issued by the department; or
- (ii) by joint resolution terminate an order of constraint issued by a local health department in response to a public health emergency that has been in effect for more than 30 days; and
- (b) a county legislative body may at any time terminate an order of constraint issued by a local health department in response to a declared public health emergency.
- (6) (a) (i) If the department declares a public health emergency as described in this [chapter] part, and the department finds that the public health emergency conditions warrant an extension of the public health emergency beyond the 30-day term or another date designated by the Legislature as described in this section, the department shall provide written notice to the speaker of the House of Representatives and the president of the Senate at least 10 days before the expiration of the public health emergency.
- (ii) If a local health department declares a public health emergency as described in this [chapter] part, and the local health department finds that the public health emergency conditions warrant an extension of the public health emergency beyond the 30-day term or another date designated by the county governing body as described in this section, the local health department shall provide written notice to the county governing body at least 10 days

9290 before the expiration of the public health emergency.

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(b) If the department provides notice as described in Subsection (6)(a)(i) for a public health emergency within the first 30 days from the initial declaration of the public health emergency, the speaker of the House of Representatives and the president of the Senate:

- (i) shall poll the members of their respective bodies to determine whether the Legislature will extend the public health emergency; and
 - (ii) may jointly convene the committee created in Section 53-2a-218.
- (c) If the department provides notice as described in Subsection (6)(a)(i) for a public health emergency that has been extended beyond the 30 days from the initial declaration of the public health emergency, the speaker of the House of Representatives and the president of the Senate shall jointly convene the committee created in Section 53-2a-218.
- (7) If the committee created in Section 53-2a-218 is convened as described in Subsection (6), the committee shall conduct a public meeting to:
- (a) discuss the nature of the public health emergency and conditions of the public health emergency;
 - (b) evaluate options for public health emergency response;
- (c) receive testimony from individuals with expertise relevant to the current public health emergency;
 - (d) receive testimony from members of the public; and
- (e) provide a recommendation to the Legislature whether to extend the public health emergency by joint resolution.
 - (8) (a) During a public health emergency declared as described in this title:
- (i) the department or a local health department may not impose an order of constraint on a religious gathering that is more restrictive than an order of constraint that applies to any other relevantly similar gathering; and
- (ii) an individual, while acting or purporting to act within the course and scope of the individual's official department or local health department capacity, may not:

9317	(A) prevent a religious gathering that is held in a manner consistent with any order of
9318	constraint issued pursuant to this title; or
9319	(B) impose a penalty for a previous religious gathering that was held in a manner
9320	consistent with any order of constraint issued pursuant to this title.
9321	(b) Upon proper grounds, a court of competent jurisdiction may grant an injunction to
9322	prevent the violation of this Subsection (8).
9323	(c) During a public health emergency declared as described in this title, the department
9324	or a local health department shall not issue a public health order or impose or implement a
9325	regulation that substantially burdens an individual's exercise of religion unless the department
9326	or local health department demonstrates that the application of the burden to the individual:
9327	(i) is in furtherance of a compelling government interest; and
9328	(ii) is the least restrictive means of furthering that compelling government interest.
9329	(d) Notwithstanding Subsections (8)(a) and (c), the department or a local health
9330	department shall allow reasonable accommodations for an individual to perform or participate
9331	in a religious practice or rite.
9332	(9) (a) Unless the provisions of Subsection (3) apply, a health care provider is not
9333	subject to penalties for failing to submit a report under this section.
9334	(b) If the provisions of Subsection (3) apply, a health care provider is subject to the
9335	penalties of Subsection [26-23b-103] <u>26B-7-316</u> (3) for failure to make a report under this
9336	section.
9337	Section 287. Section 26B-7-318, which is renumbered from Section 26-23b-105 is
9338	renumbered and amended to read:
9339	[26-23b-105]. <u>26B-7-318.</u> Pharmacy reporting requirements.
9340	(1) Notwithstanding the provisions of Subsection [26-23b-103] 26B-7-316(1)(a), a
9341	pharmacist shall report unusual drug-related events as described in Subsection (2).
9342	(2) Unusual drug-related events that require a report include:

(a) an unusual increase in the number of prescriptions filled for antimicrobials;

9344	(b) any prescription that treats a disease that has bioterrorism potential if that
9345	prescription is unusual or in excess of the expected frequency; and
9346	(c) an unusual increase in the number of requests for information about or sales of
9347	over-the-counter pharmaceuticals to treat conditions which may suggest the presence of one of
9348	the illnesses or conditions described in Section [26-23b-103] <u>26B-7-316</u> or [26-23b-104]
9349	<u>26B-7-317</u> and which are designated by department rule.
9350	(3) (a) A pharmacist shall submit the report required by this section within 24 hours
9351	after the pharmacist suspects, in his professional judgement, that an unusual drug-related event
9352	has occurred.
9353	(b) If a pharmacy is part of a health care facility subject to the reporting requirements
9354	of [this chapter] Sections 26B-7-316 through 26B-7-324, the pharmacist in charge shall make
9355	the report under this section on behalf of the health care facility.
9356	(4) (a) The report required by this section shall be submitted in accordance with
9357	Subsection $[\frac{26-23b-103}{26B-7-316}]$ $\underline{26B-7-316}(2)(a)$.
9358	(b) A report shall include the name and location of the reporting pharmacist, the name
9359	and type of pharmaceuticals that are the subject of the unusual increase in use, and if known,
9360	the suspected illness or health condition that is the subject of the report.
9361	(5) A pharmacist is subject to the penalties under Subsection [26-23b-103]
9362	26B-7-316(3) for failing to make a report required by this section.
9363	Section 288. Section 26B-7-319, which is renumbered from Section 26-23b-106 is
9364	renumbered and amended to read:
9365	[26-23b-106]. <u>26B-7-319.</u> Medical laboratory reporting requirements.
9366	(1) Notwithstanding the provisions of Subsection $\left[\frac{26-23b-103}{26B-7-316}\right]$ $\left[\frac{26B-7-316}{26B-7-316}\right]$
9367	director of a medical laboratory located in this state is responsible for reporting results of a
9368	laboratory test that confirm a condition or illness described in Subsection [26-23b-103]
9369	26B-7-316(1) within 24 hours after obtaining the results of the test. This reporting requirement
9370	also applies to results obtained on specimens sent to an out-of-state laboratory for analysis.

9371	(2) The director of a medical laboratory located outside this state that receives a
9372	specimen obtained inside this state is responsible for reporting the results of any test that
9373	confirm a condition or illness described in Subsection [26-23b-103] 26B-7-316(1), within 24
9374	hours of obtaining the results, provided that the laboratory that performs the test has agreed to
9375	the reporting requirements of this state.
9376	(3) If a medical laboratory is part of a health care facility subject to the reporting
9377	requirements of [this chapter] Sections 26B-7-316 through 26B-7-324, the director of the
9378	medical laboratory shall make the report required by this section on behalf of the health care
9379	facility.
9380	(4) The report required by this section shall be submitted in accordance with
9381	Subsection [26-23b-103] <u>26B-7-316(</u> 2).
9382	(5) The director of a medical laboratory is subject to the penalties of Subsection
9383	$\left[\frac{26-23b-103}{26B-7-316}\right]$ $\left[\frac{26B-7-316}{26B-7-316}\right]$ for failing to make a report required by this section.
9384	Section 289. Section 26B-7-320, which is renumbered from Section 26-23b-107 is
9385	renumbered and amended to read:
9386	$[\frac{26-23b-107}{2}]$. Exemptions from liability.
9387	(1) A health care provider may not be discharged, suspended, disciplined, or harassed
9388	for making a report [pursuant to this chapter] <u>under Sections 26B-7-316 through 26B-7-323</u> .
9389	(2) A health care provider may not incur any civil or criminal liability as a result of
9390	making any report under [this chapter] Sections 26B-7-316 through 26B-7-323 so long as the
9391	report is made in good faith.
9392	Section 290. Section 26B-7-321, which is renumbered from Section 26-23b-108 is
9393	renumbered and amended to read:
9394	[26-23b-108]. <u>26B-7-321.</u> Investigation of suspected bioterrorism and
9395	diseases Termination of orders of constraint.
9396	(1) Subject to Subsection (6), the department shall:

(a) ascertain the existence of cases of an illness or condition caused by the factors

9398 described in Subsections $[\frac{26-23b-103}{26B-7-316}]$ 26B-7-316(1) and $[\frac{26-23b-104}{26B-7-317}]$ 26B-7-317(1); 9399 (b) investigate all such cases for sources of infection or exposure; 9400 (c) ensure that any cases, suspected cases, and exposed persons are subject to proper 9401 control measures; and 9402 (d) define the distribution of the suspected illness or health condition. 9403 (2) (a) Acting on information received from the reports required by [this chapter] 9404 Sections 26B-7-316 through 26B-7-320, or other reliable information, the department shall 9405 identify all individuals thought to have been exposed to an illness or condition described in 9406 Subsection [26-23b-103] 26B-7-316(1). 9407 (b) The department may request information from a health care provider concerning an 9408 individual's identifying information as described in Subsection [26-23b-103] 26B-7-316(2)(b) 9409 when: 9410 (i) the department is investigating a potential illness or condition described in 9411 Subsection [26-23b-103] 26B-7-316(1) and the health care provider has not submitted a report 9412 to the department with the information requested; or 9413 (ii) the department has received a report from a pharmacist under Section [26-23b-105] 9414 26B-7-318, a medical laboratory under Section [26-23b-106] 26B-7-319, or another health care 9415 provider under Subsection [26-23b-104] 26B-7-317(1) and the department believes that further 9416 investigation is necessary to protect the public health. 9417 (c) A health care provider shall submit the information requested under this section to 9418 the department within 24 hours after receiving a request from the department. 9419 (3) The department shall counsel and interview identified individuals as appropriate to: 9420 (a) assist in the positive identification of other cases and exposed individuals; 9421 (b) develop information relating to the source and spread of the illness or condition; 9422 and 9423 (c) obtain the names, addresses, phone numbers, or other identifying information of

any other person from whom the illness or health condition may have been contracted and to

9425	whom the illness or condition may have spread.
9426	(4) The department shall, for examination purposes, close, evacuate, or decontaminate
9427	any facility when the department reasonably believes that such facility or material may
9428	endanger the public health due to a condition or illness described in Subsection [26-23b-103]
9429	<u>26B-7-316(1)</u> .
9430	(5) The department [will] shall destroy personally identifying health information about
9431	an individual collected by the department as a result of a report under [this chapter] Sections
9432	<u>26B-7-316 through 26B-7-322</u> upon the earlier of:
9433	(a) the department's determination that the information is no longer necessary to carry
9434	out an investigation under [this chapter] Sections 26B-7-316 through 26B-7-324; or
9435	(b) 180 days after the information is collected.
9436	(6) (a) The Legislature may at any time terminate by joint resolution an order of
9437	constraint issued by the department in response to a declared public health emergency.
9438	(b) A county governing body may at any time terminate by majority vote an order of
9439	constraint issued by the relevant local health department in response to a declared public health
9440	emergency.
9441	Section 291. Section 26B-7-322, which is renumbered from Section 26-23b-109 is
9442	renumbered and amended to read:
9443	[26-23b-109]. <u>26B-7-322.</u> Enforcement.
9444	The department may enforce the provisions of [this chapter] Sections 26B-7-316
9445	through 26B-7-324 in accordance with existing enforcement laws and regulations.
9446	Section 292. Section 26B-7-323, which is renumbered from Section 26-23b-110 is
9447	renumbered and amended to read:
9448	[26-23b-110]. <u>26B-7-323.</u> Information sharing with public safety
9449	authorities.
9450	(1) [For purposes of] As used in this section, "public safety authority" means a local,

state, or federal law enforcement authority including the Division of Emergency Management,

9452	emergency medical services personnel, and firefighters.
9453	(2) Notwithstanding the provisions of Title 63G, Chapter 2, Government Records
9454	Access and Management Act:
9455	(a) whenever a public safety authority suspects a case of a reportable illness or
9456	condition under the provisions of [this chapter] Sections 26B-7-316 through 26B-7-324, it shall
9457	immediately notify the department;
9458	(b) whenever the department learns of a case of a reportable illness or condition under
9459	this [chapter] part that [it] the department reasonably believes has the potential to be caused by
9460	one of the factors listed in Subsection [26-23b-103] <u>26B-7-316(1)</u> , [it] <u>the department</u> shall
9461	immediately notify the appropriate public safety authority; and
9462	(c) sharing of information reportable under [the provisions of this chapter] <u>Sections</u>
9463	26B-7-316 through 26B-7-324 between persons authorized by [this chapter] Sections
9464	26B-7-316 through 26B-7-324 shall be limited to information necessary for the treatment,
9465	control, investigation, and prevention of a public health emergency.
9466	[(3) Except to the extent inconsistent with this chapter, Sections 26-6-27 and 26-6-28
9467	apply to this chapter.]
9468	Section 293. Section 26B-7-324 is enacted to read:
9469	26B-7-324. Applicability of confidentiality provisions.
9470	The provisions of Sections 26B-7-217 and 26B-7-218 apply to information collected
9471	under Sections 26B-7-316 through 26B-7-323 except to the extent that application of a
9472	provision in Section 26B-7-217 or 26B-7-218 is inconsistent with Sections 26B-7-316 through
9473	<u>26B-7-323.</u>
9474	Section 294. Section 26B-7-401, which is renumbered from Section 26-15a-102 is
9475	renumbered and amended to read:
9476	Part 4. General Sanitation and Food Safety
9477	$[\frac{26-15a-102}{2}].$ <u>26B-7-401.</u> Definitions.
9478	As used in this part:

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9479	(1) "Agricultural tourism activity" means the same as that term is defined in Section
9480	<u>78B-4-512.</u>
9481	(2) "Agritourism" means the same as that term is defined in Section 78B-4-512.
9482	(3) "Agritourism food establishment" means a non-commercial kitchen facility where
9483	food is handled, stored, or prepared to be offered for sale on a farm in connection with an
9484	agricultural tourism activity.
9485	(4) "Agritourism food establishment permit" means a permit issued by a local health
9486	department to the operator for the purpose of operating an agritourism food establishment.
9487	[(1)] (5) "Back country food service establishment" means a federal or state licensed
9488	back country guiding or outfitting business that:
9489	(a) provides food services; and
9490	(b) meets department recognized federal or state food service safety regulations for
9491	food handlers.
9492	[(2)] (6) "Certified food safety manager" means a manager of a food service
9493	establishment who:
9494	(a) passes successfully a department-approved examination;
9495	(b) successfully completes, every three years, renewal requirements established by
9496	department rule consistent with original certification requirements; and
9497	(c) submits to the appropriate local health department the documentation required by
9498	Section [26-15a-106] <u>26B-7-412</u> .
9499	(7) "Farm" means a working farm, ranch, or other commercial agricultural,
9500	aquacultural, horticultural, or forestry operation.
9501	(8) "Food" means:
9502	(a) a raw, cooked, or processed edible substance, ice, nonalcoholic beverage, or
9503	ingredient used or intended for use or for sale, in whole or in part, for human consumption; or
9504	(b) chewing gum.
9505	[(3)] (9) "Food service establishment" means any place or area within a business or

9506	organization where potentially hazardous foods, as defined by the department under Section
9507	<u>26B-7-410</u> , are prepared and intended for individual portion service and consumption by the
9508	general public, whether the consumption is on or off the premises, and whether or not a fee is
9509	charged for the food.
9510	[(4) "Local health department" means a local health department as defined in
9511	Subsection 26A-1-102(5).]
9512	[(5) "Potentially hazardous foods" shall be defined by the department by administrative
9513	rule adopted in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.]
9514	(10) (a) "Microenterprise home kitchen" means a non-commercial kitchen facility
9515	located in a private home and operated by a resident of the home where ready-to-eat food is
9516	handled, stored, prepared, or offered for sale.
9517	(b) "Microenterprise home kitchen" does not include:
9518	(i) a catering operation;
9519	(ii) a cottage food operation;
9520	(iii) a food truck;
9521	(iv) an agritourism food establishment;
9522	(v) a bed and breakfast; or
9523	(vi) a residence-based group care facility.
9524	(11) "Microenterprise home kitchen permit" means a permit issued by a local health
9525	department to the operator for the purpose of operating a microenterprise home kitchen.
9526	(12) "Ready-to-eat" means:
9527	(a) raw animal food that is cooked;
9528	(b) raw fruits and vegetables that are washed;
9529	(c) fruits and vegetables that are cooked for hot holding;
9530	(d) a time or temperature control food that is cooked to the temperature and time
9531	required for the specific food in accordance with rules made by the department in accordance
9532	with Title 63G, Chapter 3, Utah Administrative Rulemaking Act; or

9533	(e) a bakery item for which further cooking is not required for food safety.
9534	(13) "Time or temperature control food" means food that requires time or temperature
9535	controls for safety to limit pathogenic microorganism growth or toxin formation.
9536	Section 295. Section 26B-7-402, which is renumbered from Section 26-15-2 is
9537	renumbered and amended to read:
9538	[26-15-2]. <u>26B-7-402.</u> Minimum rules of sanitation established by department.
9539	The department shall establish and enforce, or provide for the enforcement of minimum
9540	rules of sanitation necessary to protect the public health. Such rules shall include, but not be
9541	limited to, rules necessary for the design, construction, operation, maintenance, or expansion
9542	of:
9543	(1) restaurants and all places where food or drink is handled, sold or served to the
9544	public;
9545	(2) public swimming pools;
9546	(3) public baths including saunas, spas, massage parlors, and suntan parlors;
9547	(4) public bathing beaches;
9548	(5) schools which are publicly or privately owned or operated;
9549	(6) recreational resorts, camps, and vehicle parks;
9550	(7) amusement parks and all other centers and places used for public gatherings;
9551	(8) mobile home parks and highway rest stops;
9552	(9) construction or labor camps;
9553	(10) jails, prisons and other places of incarceration or confinement;
9554	(11) hotels and motels;
9555	(12) lodging houses and boarding houses;
9556	(13) service stations;
9557	(14) barbershops and beauty shops, including a facility in which one or more
9558	individuals are engaged in:
9559	(a) any of the practices licensed under Title 58. Chapter 11a. Cosmetology and

9560	Associated Professions Licensing Act; or
9561	(b) styling hair in accordance with the exemption from licensure described in Section
9562	58-11a-304(13);
9563	(15) physician and dentist offices;
9564	(16) public buildings and grounds;
9565	(17) public conveyances and terminals; and
9566	(18) commercial tanning facilities.
9567	Section 296. Section 26B-7-403, which is renumbered from Section 26-15-3 is
9568	renumbered and amended to read:
9569	$[\frac{26-15-3}{2}]$. Department to advise regarding the plumbing code.
9570	(1) The department shall advise the Division of Professional Licensing and the
9571	Uniform Building Code Commission with respect to the adoption of a state construction code
9572	under Section 15A-1-204, including providing recommendations as to:
9573	(a) a specific edition of a plumbing code issued by a nationally recognized code
9574	authority; and
9575	(b) any amendments to a nationally recognized code.
9576	(2) The department may enforce the plumbing code adopted under Section 15A-1-204.
9577	(3) Section 58-56-9 does not apply to health inspectors acting under this section.
9578	Section 297. Section 26B-7-404, which is renumbered from Section 26-15-4 is
9579	renumbered and amended to read:
9580	[26-15-4]. Rules for wastewater disposal systems.
9581	The department shall establish rules necessary to protect the public health for the
9582	design, and construction, operation and maintenance of individual wastewater disposal
9583	systems.
9584	Section 298. Section 26B-7-405, which is renumbered from Section 26-15-7 is
9585	renumbered and amended to read:
9586	[26-15-7]. <u>26B-7-405.</u> Rules for controlling vector-borne diseases and pests.

(1) As used in this section:
(a) "Pest" means a noxious, destructive, or troublesome organism whether plant or
animal, when found in and around places of human occupancy, habitation, or use which
threatens the public health or well-being of the people within the state.
(b) "Vector" means any organism, such as insects or rodents, that transmits a pathogen
that can affect public health.
(2) The department shall adopt rules to provide for the protection of the public health by
controlling or preventing the spread of vector-borne diseases and infections and to control or
reduce pests by the elimination of insanitary conditions which may include but not be limited
to breeding areas, shelter, harborage or sources of food associated with such diseases or pests.
Section 299. Section 26B-7-406, which is renumbered from Section 26-15-8 is
renumbered and amended to read:
[26-15-8]. <u>26B-7-406.</u> Periodic evaluation of local health sanitation programs
• •
Minimum statewide enforcement standards Technical assistance.
Minimum statewide enforcement standards Technical assistance.
Minimum statewide enforcement standards Technical assistance. (1) The department shall periodically evaluate the sanitation programs of local health
Minimum statewide enforcement standards Technical assistance. (1) The department shall periodically evaluate the sanitation programs of local health departments to determine the levels of sanitation being maintained throughout the state.
 Minimum statewide enforcement standards Technical assistance. (1) The department shall periodically evaluate the sanitation programs of local health departments to determine the levels of sanitation being maintained throughout the state. (2) (a) The department shall ensure that each local health department's enforcement of
Minimum statewide enforcement standards Technical assistance. (1) The department shall periodically evaluate the sanitation programs of local health departments to determine the levels of sanitation being maintained throughout the state. (2) (a) The department shall ensure that each local health department's enforcement of the minimum rules of sanitation adopted under Section [26-15-2] 26B-7-402 for restaurants
Minimum statewide enforcement standards Technical assistance. (1) The department shall periodically evaluate the sanitation programs of local health departments to determine the levels of sanitation being maintained throughout the state. (2) (a) The department shall ensure that each local health department's enforcement of the minimum rules of sanitation adopted under Section [26-15-2] 26B-7-402 for restaurants and other places where food or drink is handled meets or exceeds minimum statewide
Minimum statewide enforcement standards Technical assistance. (1) The department shall periodically evaluate the sanitation programs of local health departments to determine the levels of sanitation being maintained throughout the state. (2) (a) The department shall ensure that each local health department's enforcement of the minimum rules of sanitation adopted under Section [26-15-2] 26B-7-402 for restaurants and other places where food or drink is handled meets or exceeds minimum statewide enforcement standards established by the department by administrative rule.
Minimum statewide enforcement standards Technical assistance. (1) The department shall periodically evaluate the sanitation programs of local health departments to determine the levels of sanitation being maintained throughout the state. (2) (a) The department shall ensure that each local health department's enforcement of the minimum rules of sanitation adopted under Section [26-15-2] 26B-7-402 for restaurants and other places where food or drink is handled meets or exceeds minimum statewide enforcement standards established by the department by administrative rule. (b) Administrative rules adopted under Subsection (2)(a) shall include at least:
Minimum statewide enforcement standards Technical assistance. (1) The department shall periodically evaluate the sanitation programs of local health departments to determine the levels of sanitation being maintained throughout the state. (2) (a) The department shall ensure that each local health department's enforcement of the minimum rules of sanitation adopted under Section [26-15-2] 26B-7-402 for restaurants and other places where food or drink is handled meets or exceeds minimum statewide enforcement standards established by the department by administrative rule. (b) Administrative rules adopted under Subsection (2)(a) shall include at least: (i) the minimum number of periodic on-site inspections that shall be conducted by each
Minimum statewide enforcement standards Technical assistance. (1) The department shall periodically evaluate the sanitation programs of local health departments to determine the levels of sanitation being maintained throughout the state. (2) (a) The department shall ensure that each local health department's enforcement of the minimum rules of sanitation adopted under Section [26-15-2] 26B-7-402 for restaurants and other places where food or drink is handled meets or exceeds minimum statewide enforcement standards established by the department by administrative rule. (b) Administrative rules adopted under Subsection (2)(a) shall include at least: (i) the minimum number of periodic on-site inspections that shall be conducted by each local health department;

(c) The department shall help local health departments comply with the minimum

statewide enforcement standards adopted under this Subsection (2) by providing technical
assistance.
Section 300. Section 26B-7-407, which is renumbered from Section 26-15-13 is
renumbered and amended to read:
[26-15-13]. 26B-7-407. Regulation of tanning facilities.
(1) For purposes of this section:
(a) "Minor" means [a person under 18 years of age] an individual who is younger than
18 years old.
(b) "Phototherapy device" means equipment that emits ultraviolet radiation used by a
health care professional in the treatment of disease.
(c) (i) "Tanning device" means equipment to which a tanning facility provides access
that emits electromagnetic radiation with wavelengths in the air between 200 and 400
nanometers used for tanning of the skin, including:
(A) a sunlamp; and
(B) a tanning booth or bed.
(ii) "Tanning device" does not include a phototherapy device.
(d) "Tanning facility" means a commercial location, place, area, structure, or business
that provides access to a tanning device.
(2) A tanning facility shall:
(a) annually obtain a permit to do business as a tanning facility from the local health
department with jurisdiction over the location in which the facility is located; and
(b) in accordance with Subsection (3) post a warning sign in a conspicuous location
that is readily visible to a person about to use a tanning device.
(3) The posted warning and written consent required by Subsections (2) and (5) shall
be developed by the department through administrative rules and shall include:
(a) that there are health risks associated with the use of a tanning device;
(b) that the facility may not allow a minor to use a tanning device unless the minor:

9641	(1) has a written order from a physician; or
9642	(ii) at each time of use is accompanied at the tanning facility by a parent or legal
9643	guardian who provides written consent authorizing the minor to use the tanning device.
9644	(4) It is unlawful for any operator of a tanning facility to allow a minor to use a tanning
9645	device unless:
9646	(a) the minor has a written order from a physician as defined in Section 58-67-102, to
9647	use a tanning device as a medical treatment; or
9648	(b) (i) the minor's parent or legal guardian appears in person at the tanning facility each
9649	time that the minor uses a tanning device, except that the minor's parent or legal guardian is not
9650	required to remain at the facility for the duration of the use; and
9651	(ii) the minor's parent or legal guardian signs the consent form required in Subsection
9652	(5).
9653	(5) The written consent required by Subsection (4) shall be signed and dated each time
9654	the minor uses a tanning device at the facility, and shall include at least:
9655	(a) information concerning the health risks associated with the use of a tanning device;
9656	and
9657	(b) a statement that:
9658	(i) the parent or legal guardian of the minor has read and understood the warnings
9659	given by the tanning facility, and consents to the minor's use of a tanning device; and
9660	(ii) the parent or legal guardian agrees that the minor will use protective eye wear.
9661	(6) The department shall adopt administrative rules in accordance with Title 63G,
9662	Chapter 3, Utah Administrative Rulemaking Act, specifying:
9663	(a) minimum requirements a tanning facility shall satisfy to obtain a permit under
9664	Subsection (2);
9665	(b) the written information concerning health risks a facility should include in the
9666	posted signs required by Subsection (3) and in the consent form required by Subsection (5);
9667	(c) procedures a tanning facility shall implement to ensure a minor and the minor's

9668	parent or legal guardian comply with Subsections (4) and (5), including use of a statewide
9669	uniform form:
9670	(i) for a parent or legal guardian to certify and give consent under Subsection (5); and
9671	(ii) that clearly identifies the department's seal or other means to indicate that the form
9672	is an official form of the department; and
9673	(d) the size, placement, and content of the sign a tanning facility must post under
9674	Subsection (2).
9675	(7) (a) A violation of this section:
9676	(i) is an infraction; and
9677	(ii) may result in the revocation of a permit to do business as a tanning facility.
9678	(b) If a person misrepresents to a tanning facility that the person is 18 years [of age] old
9679	or older, the person is guilty of an infraction.
9680	(8) This section [supercedes] supersedes any ordinance enacted by the governing body
9681	of a political subdivision that:
9682	(a) imposes restrictions on access to a tanning device by a person younger than [age]
9683	18 years old that is not essentially identical to the provisions of this section; or
9684	(b) that require the posting of warning signs at the tanning facility that are not
9685	essentially identical to the provisions of this section.
9686	Section 301. Section 26B-7-408, which is renumbered from Section 26-31-201 is
9687	renumbered and amended to read:
9688	[26-31-201]. 26B-7-408. Procurement and use of a blood product is a
9689	service and not a sale Blood donation by a minor.
9690	(1) As used in this section:
9691	(a) "Blood" means human blood.
9692	(b) "Blood product" includes:
9693	(i) whole blood;
9694	(ii) blood plasma;

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9695	(iii) a blood derivative;
9696	(iv) blood platelets; and
9697	(v) blood clotting agents.
9698	(2) The following are considered to be the rendition of a service by each participant
9699	and are not considered to be a sale:
9700	[(1)] (a) the procurement, processing, distribution, or use of a blood product for the
9701	purpose of injecting or transfusing the blood product into the human body; and
9702	$[\frac{(2)}{(b)}]$ the process of injecting or transfusing a blood product.
9703	(3) A minor who is at least 16 years old may donate blood to a voluntary,
9704	noncompensatory blood donation program if a parent or legal guardian of the minor consents to
9705	the donation.
9706	Section 302. Section 26B-7-409, which is renumbered from Section 26-51-201 is
9707	renumbered and amended to read:
9708	[26-51-201]. <u>26B-7-409.</u> Scientific standards for methamphetamine
9709	decontamination Public education concerning methamphetamine contamination.
9710	(1) The department shall make rules adopting scientifically-based standards for
9711	methamphetamine decontamination.
9712	(2) A local health department, as defined in Title 26A, Local Health Authorities, shall
9713	follow rules made by the department under Subsection (1) in administering Title 19, Chapter 6,
9714	Part 9, Illegal Drug Operations Site Reporting and Decontamination Act.
9715	(3) The department shall conduct a public education campaign to inform the public
9716	about potential health risks of methamphetamine contamination.
9717	Section 303. Section 26B-7-410, which is renumbered from Section 26-15a-104 is
9718	renumbered and amended to read:
9719	[26-15a-104]. <u>26B-7-410.</u> Food service establishment requirements
9720	Enforcement Right of appeal Rulemaking Enforcement by local health
9721	departments.

9722 (1) Each food service establishment in the state shall be managed by at least one 9723 full-time certified food safety manager at each establishment site, who need not be present at 9724 the establishment site during all its hours of operation. 9725 (2) Within 60 days of the termination of a certified food safety manager's employment 9726 that results in the food service establishment no longer being in compliance with Subsection 9727 (1), the food service establishment shall: 9728 (a) employ a new certified food safety manager; or (b) designate another employee to become the establishment's certified food safety 9730 manager who shall commence a department-approved food safety manager training course. (3) Compliance with the 60-day time period provided in Subsection (2) may be 9732 extended by the local health department for reasonable cause, as determined by the department 9733 by rule. 9734 (4) (a) The local health department may determine whether a food service 9735 establishment is in compliance with this section by visiting the establishment during regular 9736 business hours and requesting information and documentation about the employment of a 9737 certified food safety manager. 9738 (b) If a violation of this section is identified, the local health department shall propose 9739 remedial action to bring the food service establishment into compliance. 9740 (c) (i) A food service establishment receiving notice of a violation and proposed remedial action from a local health department may appeal the notice of violation and proposed 9742 remedial action pursuant to procedures established by the local health department, which shall 9743 be essentially consistent with the provisions of Title 63G. Chapter 4. Administrative 9744 Procedures Act.

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- (ii) Notwithstanding the provisions of Section 63G-4-402, an appeal of a local health department decision [to a district court] shall be conducted as an original, independent proceeding, and not as a review of the proceedings conducted by the local health department.
 - (iii) The [district] court shall give no deference to the findings or conclusions of the

9749	local health department.
9750	(5) (a) The department shall establish by rule made in accordance with Title 63G,
9751	Chapter 3, Utah Administrative Rulemaking Act:
9752	(i) a definition of "potentially hazardous foods" for purposes of this section and Section
9753	<u>26B-7-401; and</u>
9754	(ii) any provisions necessary to implement this section.
9755	(b) The local health department with jurisdiction over the geographic area in which a
9756	food service establishment is located shall enforce the provisions of this section.
9757	Section 304. Section 26B-7-411, which is renumbered from Section 26-15a-105 is
9758	renumbered and amended to read:
9759	[26-15a-105]. <u>26B-7-411.</u> Exemptions to food service establishment
9760	requirements.
9761	(1) The following are not subject to the provisions of Section $[\frac{26-15a-104}{26B-7-410}]$:
9762	(a) special events sponsored by municipal or nonprofit civic organizations, including
9763	food booths at school sporting events and little league athletic events and church functions;
9764	(b) temporary event food services approved by a local health department;
9765	(c) vendors and other food service establishments that serve only commercially
9766	prepackaged foods and beverages as defined by the department by rule;
9767	(d) private homes not used as a commercial food service establishment;
9768	(e) health care facilities licensed under Chapter [21] 2, Part 2, Health Care Facility
9769	Licensing and Inspection [Act];
9770	(f) bed and breakfast establishments at which the only meal served is a continental
9771	breakfast as defined by the department by rule;
9772	(g) residential child care providers;
9773	(h) child care providers and programs licensed under [Chapter 39, Utah Child Care
9774	Licensing Act] Chapter 2, Part 4, Child Care Licensing;
9775	(i) back country food service establishments;

9776	(j) an event that is sponsored by a charitable organization, if, at the event, the
9777	organization:
9778	(i) provides food to a disadvantaged group free of charge; and
9779	(ii) complies with rules established by the department under Subsection (3); and
9780	(k) a lowest risk or permitted food establishment category determined by a risk
9781	assessment evaluation established by the department by administrative rule adopted in
9782	accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
9783	(2) Nothing in this section may be construed as exempting a food service establishment
9784	described in Subsection (1) from any other applicable food safety laws of this state.
9785	(3) The department may establish additional requirements, in accordance with Title
9786	63G, Chapter 3, Utah Administrative Rulemaking Act, for charitable organizations providing
9787	food for free under Subsection (1)(j).
9788	Section 305. Section 26B-7-412, which is renumbered from Section 26-15a-106 is
9789	renumbered and amended to read:
9790	[26-15a-106]. <u>26B-7-412.</u> Certified food safety manager.
9791	(1) Before a person may manage a food service establishment as a certified food safety
9792	manager, that person shall submit documentation in the format prescribed by the department to
9793	the appropriate local health department indicating a passing score on a department-approved
9794	examination.
9795	(2) To continue to manage a food service establishment, a certified food safety
9796	manager shall:
9797	(a) successfully complete, every three years, renewal requirements established by
9798	department rule which are consistent with original certification requirements; and
9799	(b) submit documentation in the format prescribed by the department within 30 days of
9800	the completion of renewal requirements to the appropriate local health department.
9801	(3) A local health department may deny, revoke, or suspend the authority of a certified

food safety manager to manage a food service establishment or require the completion of

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9803	additional food safety training courses for any one of the following reasons:
9804	(a) submitting information required under Subsection (1) or (2) that is false,
9805	incomplete, or misleading;
9806	(b) repeated violations of department or local health department food safety rules; or
9807	(c) operating a food service establishment in a way that causes or creates a health
9808	hazard or otherwise threatens the public health, safety, or welfare.
9809	(4) A determination of a local health department made pursuant to Subsection (3) may
9810	be appealed by a certified food safety manager in the same manner provided for in Subsection
9811	[26-15a-104] $26B-7-410(4)$.
9812	(5) No person may use the title "certified food safety manager," or any other similar
9813	title, unless the person has satisfied the requirements of this [chapter] section.
9814	(6) A local health department:
9815	(a) may not charge a fee to accept or process the documentation described in
9816	Subsections (1) and (2);
9817	(b) shall accept photocopies or electronic copies of the documentation described in
9818	Subsections (1) and (2); and
9819	(c) shall allow an individual to submit the documentation described in Subsections (1)
9820	and (2) by mail, email, or in person.
9821	(7) Certified food safety managers shall:
9822	(a) establish and monitor compliance with practices and procedures in the food service
9823	establishments where they are employed to maintain compliance with department and local
9824	health department food safety rules; and
9825	(b) perform such other duties that may be necessary to ensure food safety in the food
9826	service establishments where they are employed.
9827	(8) (a) The department shall establish by rule made in accordance with Title 63G,
9828	Chapter 3, Utah Administrative Rulemaking Act:
9829	(i) statewide, uniform standards for certified food safety managers;

9830	(ii) criteria for food safety certification examinations; and
9831	(iii) any provisions necessary to implement this section.
9832	(b) The department shall approve food safety certification examinations in accordance
9833	with this section.
9834	(c) The local health department with jurisdiction over the geographic area in which a
9835	food service establishment is located shall enforce the provisions of this section.
9836	Section 306. Section 26B-7-413, which is renumbered from Section 26-15-5 is
9837	renumbered and amended to read:
9838	[26-15-5]. <u>26B-7-413.</u> Requirements for food handlers Training program
9839	and testing requirements for permit Rulemaking Exceptions.
9840	(1) As used in this section:
9841	(a) "Approved food handler training program" means a training program described by
9842	this section and approved by the department.
9843	(b) "Food handler" means a person who works with unpackaged food, food equipment
9844	or utensils, or food-contact surfaces for a food service establishment.
9845	(c) "Food handler permit" means a permit issued by a local health department to allow
9846	a person to work as a food handler.
9847	[(d) "Food service establishment" has the same meaning as provided in Section
9848	26-15a-102.]
9849	$[\frac{(e)}{d}]$ "Instructor" means an individual who is qualified to instruct an approved food
9850	handler program on behalf of a provider.
9851	[(f)] (e) "Provider" means a person or entity that provides an approved food handler
9852	training program.
9853	(2) A person may not work as a food handler for a food service establishment unless
9854	the person:
9855	(a) successfully completes an approved food handler training program within 14 days
9856	after the day on which the person begins employment that includes food handler services; and

9857	(b) obtains a food handler permit within 30 days after the day on which the person
9858	begins employment that includes food handler services.
9859	(3) An approved food handler training program shall include:
9860	(a) at least 75 minutes of training time;
9861	(b) an exam, which requires a passing score of 75% and, except as provided in
9862	Subsection (11), consists of:
9863	(i) 40 multiple-choice questions developed by the department, in consultation with
9864	local health departments; and
9865	(ii) four content sections designated by rule of the department with 10 randomly
9866	selected questions for each content section; and
9867	(c) upon completion, the awarding of a certificate of completion that is valid with any
9868	local health department in the state for 30 days after the day on which the certificate is issued:
9869	(i) to a student who:
9870	(A) completes the training; and
9871	(B) passes the exam described in this Subsection (3) or an exam approved by the
9872	department in accordance with Subsection (11); and
9873	(ii) which certificate of completion:
9874	(A) includes student identifying information determined by department rule; and
9875	(B) is delivered by mail or electronic means.
9876	(4) (a) A person may obtain a food handler permit by:
9877	(i) providing a valid certificate of completion of an approved food handler training
9878	program and an application, approved by the local health department, to a local health
9879	department; and
9880	(ii) paying a food handler permit fee to the local health department.
9881	(b) (i) A local health department may charge a food handler permit fee that is
9882	reasonable and that reflects the cost of managing the food safety program.
9883	(ii) The department shall establish by rule the maximum amount a local health

9884	department may charge for the fee described in Subsection (4)(b)(i).
9885	(5) A person working as a food handler for a food service establishment shall obtain a
9886	food handler permit:
9887	(a) before handling any food;
9888	(b) within 30 days of initial employment with a food service establishment; and
9889	(c) within seven days of the expiration of an existing food handler permit.
9890	(6) (a) A person who holds a valid food handler permit under this section may serve as
9891	a food handler throughout the state without restriction.
9892	(b) A food handler permit granted after June 30, 2013, is valid for three years from the
9893	date of issuance.
9894	(7) An individual may not serve as an instructor, unless the provider includes the
9895	individual on the provider's list of instructors.
9896	(8) The department, in consultation with local health departments, shall:
9897	(a) approve the content of an approved food handler training program required under
9898	Subsection (3);
9899	(b) approve, as qualified, each provider; and
9900	(c) in accordance with applicable rules made under Subsection (12), provide a means to
9901	authenticate:
9902	(i) documents used in an approved food handler training program;
9903	(ii) the identity of an approved instructor; and
9904	(iii) an approved provider.
9905	(9) An approved food handler training program shall:
9906	(a) provide basic instruction on the Centers for Disease Control and Prevention's top
9907	five foodborne illness risk factors, including:
9908	(i) improper hot and cold holding temperatures of potentially hazardous food;
9909	(ii) improper cooking temperatures of food;
9910	(iii) dirty or contaminated utensils and equipment:

9911	(iv) poor employee health and hygiene; and
9912	(v) food from unsafe sources;
9913	(b) be offered through:
9914	(i) a trainer-led class;
9915	(ii) the Internet; or
9916	(iii) a combination of a trainer-led class and the Internet;
9917	(c) maintain a system to verify a certificate of completion of an approved food handler
9918	training program issued under Subsection (3) to the department, a local health department, and
9919	a food service establishment; and
9920	(d) provide to the department unrestricted access to classroom training sessions and
9921	online course materials at any time for audit purposes.
9922	(10) (a) A provider that provides an approved food handler training program may
9923	charge a reasonable fee.
9924	(b) If a person or an entity is not approved by the department to provide an approved
9925	food handler training program, the person or entity may not represent, in connection with the
9926	person's or entity's name or business, including in advertising, that the person or entity is a
9927	provider of an approved food handler training program or otherwise represent that a program
9928	offered by the person or entity will qualify an individual to work as a food handler in the state.
9929	(11) (a) Subject to the approval of the department every three years, a provider may use
9930	an exam that consists of questions that do not conform with the provisions of Subsection
9931	(3)(b), if:
9932	(i) the provider complies with the provisions of this Subsection (11);
9933	(ii) the provider pays a fee every three years to the department, which fee shall be
9934	determined by the department and shall reflect the cost of the review of the alternative test
9935	questions; and
9936	(iii) an independent instructional design and testing expert provides a written report to
9937	the department containing a positive recommendation based on the expert's analysis as

9938 described in Subsection 11(b).

(b) (i) A provider may request approval of a different bank of test questions other than the questions developed under Subsection (3) by submitting to the department a proposed bank of at least 200 test questions organized by learning objective in accordance with Subsection (9)(a).

- (ii) A provider proposing a different bank of test questions under this Subsection (11) shall contract with an independent instructional design and testing expert approved by the department at the provider's expense to analyze the provider's bank of test questions to ensure the questions:
- (A) effectively measure the applicant's knowledge of the required learning objectives; and
 - (B) meet the appropriate testing standards for question structure.
- (c) If the department provides written notice to a provider that any test question of the provider's approved exam under this Subsection (11) inadequately tests the required learning objectives, the provider shall make required changes to the question within 30 days after the day on which written notice is received by the provider.
 - (d) A food handler exam offered by a provider may be:
- (i) a written exam;
 - (ii) an online exam; or
 - (iii) an oral exam, if circumstances require, including when an applicant's language or reading abilities interfere with taking a written or online exam.
 - (e) A provider shall routinely rotate test questions from the test question bank, change the order of test questions in tests, and change the order of multiple-choice answers in test questions to discourage cheating.
 - (12) (a) When exercising rulemaking authority under this section the department shall comply with the requirements of Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
 - (b) The department shall, by rule, establish requirements designed to inhibit fraud for

an approved food handler training program described in this section.

- (c) The requirements described in Subsection (12)(b) may include requirements to ensure that:
- (i) an individual does not attempt to complete the program or exam in another individual's place;
- (ii) an individual taking the approved food handler training program is focused on training material and actively engaged throughout the training period;
- (iii) if the individual is unable to participate online because of technical difficulties, an approved food handler training program provides technical support, such as requiring a telephone number, email, or other method of communication to allow an individual taking the online course or test to receive assistance;
- (iv) an approved food handler training program provider maintains a system to reduce fraud as to who completes an approved food handler training program, such as requiring a distinct online certificate with information printed on the certificate that identifies a person taking an online course or exam, or requiring measures to inhibit duplication of a certificate of completion or of a food handler permit;
 - (v) the department may audit an approved food handler training program;
- (vi) an individual taking an online course or certification exam has the opportunity to provide an evaluation of the online course or test;
- (vii) an approved food handler training program provider track the Internet protocol address or similar electronic location of an individual who takes an online course or certification exam;
 - (viii) an individual who takes an online course or exam uses an electronic signature; or
- (ix) if the approved food handler training program provider learns that a certificate of completion does not accurately reflect the identity of the individual who took the online course or certification exam, an approved food handler training program provider invalidates the certificate of completion.

9992	(13) An instructor is not required to satisfy any additional training requirements if the
9993	instructor:
9994	(a) is an educator in a public or private school; and
9995	(b) teaches a food program that includes food safety in a public or private school in
9996	which the instructor is an educator.
9997	(14) (a) This section does not apply to an individual who handles food:
9998	(i) at an event sponsored by a charitable organization where the organization provides
9999	food to a disadvantaged group free of charge; and
10000	(ii) in compliance with rules established by the department under Subsection (2).
10001	(b) The department may establish additional requirements, in accordance with Title
10002	63G, Chapter 3, Utah Administrative Rulemaking Act, for individuals handling food at an
10003	event sponsored by a charitable organization under Subsection (14)(a).
10004	Section 307. Section 26B-7-414, which is renumbered from Section 26-15-9 is
10005	renumbered and amended to read:
10006	[26-15-9]. <u>26B-7-414.</u> Impoundment of adulterated food products authorized.
10007	The department and local health departments may impound any food products found in
10008	places where food or drink is handled, sold, or served to the public that is intended for but
10009	found to be adulterated and unfit for human consumption; and, upon five [days] days' notice
10010	and reasonable opportunity for a hearing to the interested parties, to condemn and destroy the
10011	same if deemed necessary for the protection of the public health.
10012	Section 308. Section 26B-7-415, which is renumbered from Section 26-15b-105 is
10013	renumbered and amended to read:
10014	[26-15b-105]. <u>26B-7-415.</u> Agritourism food establishment permits
10015	Permit requirements Inspections.
10016	(1) As used in this section, "operator" means a person who owns, manages, or controls
10017	or who has the duty to manage or control, the farm.
10018	(2) (a) A farm may not operate an agritourism food establishment unless the farm

10019	obtains a permit from the local health department that has jurisdiction over the area in which
10020	the farm is located.
10021	(b) In accordance with Section 26A-1-121, and subject to the restrictions of this
10022	section, a local health department shall make standards and regulations relating to the
10023	permitting of an agritourism food establishment.
10024	(c) In accordance with Section 26A-1-114, a local health department shall impose a fee
10025	for an agritourism food establishment permit in an amount that reimburses the local health
10026	department for the cost of regulating the agritourism food establishment.
10027	(3) (a) A local health department with jurisdiction over an area in which a farm is
10028	located may grant an agritourism food establishment permit to the farm.
10029	(b) Nothing in this section prevents a local health department from revoking an
10030	agritourism food establishment permit issued by the local health department if the operation of
10031	the agritourism food establishment violates the terms of the permit or the requirements of this
10032	section.
10033	[(1)] (4) A farm may qualify for an agritourism food establishment permit if:
10034	(a) poultry products that are served at the agritourism food establishment are
10035	slaughtered and processed in compliance with the Poultry Products Inspection Act, 21 U.S.C.
10036	Sec. 451 et seq., and the applicable regulations issued pursuant to that act;
10037	(b) meat not described in Subsection $[(1)]$ (4) (a) that is served at the agritourism food
10038	establishment is slaughtered and processed in compliance with the Federal Meat Inspection
10039	Act, 21 U.S.C. Sec. 601 et seq., and the applicable regulations issued pursuant to that act;
10040	(c) a kitchen facility used to prepare food for the agritourism food establishment meets
10041	the requirements established by the department;
10042	(d) the farm operates the agritourism food establishment for no more than 14
10043	consecutive days at a time; and
10044	(e) the farm complies with the requirements of this section.
10045	[(2)] (5) The department shall, in accordance with Title 63G, Chapter 3, Utah

10046 Administrative Rulemaking Act, make rules regarding sanitation, equipment, and maintenance 10047 requirements for agritourism food establishments. 10048 [(3)] (6) A local health department shall: 10049 (a) ensure compliance with the rules described in Subsection [(2)] (5) when inspecting 10050 a kitchen facility; 10051 (b) notwithstanding Section 26A-1-113, inspect the kitchen facility of a farm that 10052 requests an agritourism food establishment permit only: 10053 (i) for an initial inspection, no more than one week before the agritourism food 10054 establishment is scheduled to begin operation; 10055 (ii) for an unscheduled inspection: 10056 (A) of an event scheduled to last no more than three days if the local health department 10057 conducts the inspection within three days before or after the day on which the agritourism food 10058 establishment is scheduled to begin operation; or 10059 (B) of an event scheduled to last longer than three days if the local health department 10060 conducts the inspection within three days before or after the day on which the agritourism food 10061 establishment is scheduled to begin operation, or conducts the inspection during operating 10062 hours of the agritourism food establishment; or 10063 (iii) for subsequent inspections if: (A) the local health department provides the operator with reasonable advanced notice 10064 10065 about an inspection; or 10066 (B) the local health department has a valid reason to suspect that the agritourism food 10067 establishment is the source of an adulterated food or of an outbreak of illness caused by a 10068 contaminated food; and 10069 (c) document the reason for any inspection after the permitting inspection, keep a copy 10070 of that documentation on file with the agritourism food establishment's permit, and provide a 10071 copy of that documentation to the operator.

[(4)] (7) An agritourism food establishment shall:

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10073	(a) take steps to avoid any potential contamination to:
10074	(i) food;
10075	(ii) equipment;
10076	(iii) utensils; or
10077	(iv) unwrapped single-service and single-use articles; and
10078	(b) prevent an individual from entering the food preparation area while food is being
10079	prepared if the individual is known to be suffering from:
10080	(i) symptoms associated with acute gastrointestinal illness; or
10081	(ii) a communicable disease that is transmissible through food.
10082	$[\frac{(5)}{2}]$ When making the rules described in Subsection $[\frac{(2)}{2}]$ (5), the department may
10083	not make rules regarding:
10084	(a) hand washing facilities, except to require that a hand washing station supplied with
10085	warm water, soap, and disposable hand towels is conveniently located;
10086	(b) kitchen sinks, kitchen sink compartments, and dish sanitation, except to require that
10087	the kitchen sink has hot and cold water, a sanitizing agent, is fully operational, and that dishes
10088	are sanitized between each use;
10089	(c) the individuals allowed access to the food preparation areas, food storage, and
10090	washing areas, except during food preparation;
10091	(d) display guards, covers, or containers for display foods, except to require that any
10092	food on display that is not protected from the direct line of a consumer's mouth by an effective
10093	means is not served or sold to any subsequent consumer;
10094	(e) outdoor display and sale of food, except to require that food is maintained at proper
10095	holding temperatures;
10096	(f) reuse by an individual of drinking cups and tableware for multiple portions;
10097	(g) utensils and equipment, except to require that utensils and equipment used in the
10098	home kitchen:
10099	(i) retain their characteristic qualities under normal use conditions;

10100	(11) are properly sanifized after use; and
10101	(iii) are maintained in a sanitary manner between uses;
10102	(h) food contact surfaces, except to require that food contact surfaces are smooth,
10103	easily cleanable, in good repair, and properly sanitized between tasks;
10104	(i) non-food contact surfaces, if those surfaces are made of materials ordinarily used in
10105	residential settings, except to require that those surfaces are kept clean from the accumulation
10106	of residue and debris;
10107	(j) clean-in-place equipment, except to require that the equipment is cleaned and
10108	sanitized between uses;
10109	(k) ventilation, except to require that gases, odors, steam, heat, grease, vapors, and
10110	smoke are able to escape the kitchen;
10111	(l) fixed temperature measuring devices or product mimicking sensors for the holding
10112	equipment for [time/temperature control] time or temperature controlled food, except to require
10113	non-fixed temperature measuring devices for hot and cold holding of food during storage,
10114	serving, and cooling;
10115	(m) fixed floor-mounted and table-mounted equipment except to require that
10116	floor-mounted and table-mounted equipment be in good repair and sanitized between uses;
10117	(n) dedicated laundry facilities, except to require that linens used for the agritourism
10118	food establishment are stored and laundered separately from household laundry and that soiled
10119	laundry is stored to prevent contamination of food and equipment;
10120	(o) water, plumbing, drainage, and waste, except to require that sinks be supplied with
10121	hot water;
10122	(p) the number of and path of access to toilet facilities, except to require that toilet
10123	facilities are equipped with proper handwashing stations;
10124	(q) lighting, except to require that food preparation areas are well lit by natural or
10125	artificial light whenever food is being prepared;
10126	(r) designated dressing areas and storage facilities, except to require that items not

10127	ordinarily found in a home kitchen are placed or stored away from food preparation areas, that
10128	dressing takes place outside of the kitchen facility, and that food items are stored in a manner
10129	that does not allow for contamination;
10130	(s) the presence and handling of animals, except to require that all animals are kept
10131	outside of food preparation and service areas during food service and food preparation;
10132	(t) food storage, floor, wall, ceiling, and toilet surfaces, except to require that surfaces
10133	are smooth, of durable construction, easily cleanable, and kept clean and free of debris;
10134	(u) kitchen facilities open to living areas, except to require that food is only prepared,
10135	handled, or stored in kitchen and food storage areas;
10136	(v) submission of plans and specifications before construction or remodel of a kitchen
10137	facility;
10138	(w) the number and type of [time/temperature] time or temperature controlled food
10139	offered for sale;
10140	(x) approved food sources, except those required by 9 C.F.R. Sec. 303.1;
10141	(y) the use of an open air barbeque, grill, or outdoor wood-burning oven; or
10142	(z) food safety certification, except any individual who is involved in the preparation,
10143	storage, or service of food in the agritourism food establishment shall hold a food handler
10144	permit as defined in Section $\left[\frac{26-15-5}{26B-7-413}\right]$.
10145	[(6)] (9) An operator applying for an agritourism food establishment permit shall
10146	provide to the local health department:
10147	(a) written consent to enter the premises where food is prepared, cooked, stored, or
10148	harvested for the agritourism food establishment; and
10149	(b) written standard operating procedures that include:
10150	(i) all food that will be stored, handled, and prepared;
10151	(ii) the proposed procedures and methods of food preparation and handling;
10152	(iii) procedures, methods, and schedules for cleaning utensils and equipment;
10153	(iv) procedures and methods for the disposal of refuse; and

10154	(v) a plan for maintaining [time/temperature] time or temperature controlled food at the
10155	appropriate temperatures for each [time/temperature] time or temperature controlled food.
10156	[(7)] <u>(10)</u> In addition to a fee charged under [Section 26-15b-103] <u>Subsection (2)</u> , if the
10157	local health department is required to inspect the farm as a source of an adulterated food or an
10158	outbreak of illness caused by a contaminated food and finds, as a result of that inspection, that
10159	the farm has produced an adulterated food or was the source of an outbreak of illness caused by
10160	a contaminated food, the local health department may charge and collect from the farm a fee
10161	for that inspection.
10162	[(8)] (11) An agritourism food establishment permit:
10163	(a) is nontransferable;
10164	(b) is renewable on an annual basis;
10165	(c) is restricted to the location listed on the permit; and
10166	(d) shall provide the operator the opportunity to update the food types and products
10167	handled without requiring the operator to renew the permit.
10168	[9] (12) This section does not prohibit an operator from applying for a different type
10169	of food event permit from a local health department.
10170	Section 309. Section 26B-7-416, which is renumbered from Section 26-15c-105 is
10171	renumbered and amended to read:
10172	[26-15c-105]. <u>26B-7-416.</u> Microenterprise home kitchen permits Fees
10173	Safety and health inspections Permit requirements.
10174	(1) As used in this section, "operator" means an individual who resides in the private
10175	home and who manages or controls the microenterprise home kitchen.
10176	(2) (a) An operator may not operate a microenterprise home kitchen unless the operator
10177	obtains a permit from the local health department that has jurisdiction over the area in which
10178	the microenterprise home kitchen is located.
10179	(b) In accordance with Section 26A-1-121, and subject to the restrictions of this
10180	section, the department shall make standards and regulations relating to the permitting of a

10181	microenterprise home kitchen.
10182	(c) In accordance with Section 26A-1-114, a local health department shall impose a fee
10183	for a microenterprise home kitchen permit in an amount that reimburses the local health
10184	department for the cost of regulating the microenterprise home kitchen.
10185	(3) (a) A local health department with jurisdiction over an area in which a
10186	microenterprise home kitchen is located may grant a microenterprise home kitchen permit to
10187	the operator.
10188	(b) Nothing in this section prevents a local health department from revoking a
10189	microenterprise home kitchen permit issued by the local health department if the operation of
10190	the microenterprise home kitchen violates the terms of the permit or this section.
10191	[(1)] (4) An operator may qualify for a microenterprise home kitchen permit if:
10192	(a) food that is served at the microenterprise home kitchen is processed in compliance
10193	with state and federal regulations;
10194	(b) a kitchen facility used to prepare food for the microenterprise home kitchen meets
10195	the requirements established by the department;
10196	(c) the microenterprise home kitchen operates only during the hours approved in the
10197	microenterprise home kitchen permit; and
10198	(d) the microenterprise home kitchen complies with the requirements of this section.
10199	[(2)] (5) The department shall, in accordance with Title 63G, Chapter 3, Utah
10200	Administrative Rulemaking Act, make rules regarding sanitation, equipment, and maintenance
10201	requirements for microenterprise home kitchens.
10202	[(3)] <u>(6)</u> A local health department shall:
10203	(a) ensure compliance with the rules described in Subsection $[(2)]$ (5) when inspecting
10204	a microenterprise home kitchen;
10205	(b) notwithstanding Section 26A-1-113, inspect a microenterprise home kitchen that
10206	requests a microenterprise home kitchen permit only:
10207	(i) for an initial inspection, no more than one week before the microenterprise home

10208	kitchen is scheduled to begin operation;
10209	(ii) for an unscheduled inspection, if the local health department conducts the
10210	inspection:
10211	(A) within three days before or after the day on which the microenterprise home
10212	kitchen is scheduled to begin operation; or
10213	(B) during operating hours of the microenterprise home kitchen; or
10214	(iii) for subsequent inspections if:
10215	(A) the local health department provides the operator with reasonable advanced notice
10216	of the inspection; or
10217	(B) the local health department has a valid reason to suspect that the microenterprise
10218	home kitchen is the source of an adulterated food or of an outbreak of illness caused by a
10219	contaminated food; and
10220	(c) document the reason for any inspection after the initial inspection, keep a copy of
10221	that documentation on file with the microenterprise home kitchen's permit, and provide a copy
10222	of that documentation to the operator.
10223	[(4)] <u>(7)</u> A microenterprise home kitchen shall:
10224	(a) take steps to avoid any potential contamination to:
10225	(i) food;
10226	(ii) equipment;
10227	(iii) utensils; or
10228	(iv) unwrapped single-service and single-use articles;
10229	(b) prevent an individual from entering the food preparation area while food is being
10230	prepared if the individual is known to be suffering from:
10231	(i) symptoms associated with acute gastrointestinal illness; or
10232	(ii) a communicable disease that is transmissible through food; and
10233	(c) comply with the following requirements:
10234	(i) time or temperature control food shall be prepared, cooked, and served on the same

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10235	day;
10236	(ii) food that is sold or provided to a customer may not be consumed onsite at the
10237	microenterprise home kitchen operation;
10238	(iii) food that is sold or provided to a customer shall be picked up by the consumer or
10239	delivered within a safe time period based on holding equipment capacity;
10240	(iv) food preparation may not involve processes that require a HACCP plan, or the
10241	production, service, or sale of raw milk or raw milk products;
10242	(v) molluscan shellfish may not be served or sold;
10243	(vi) the operator may only sell or provide food directly to consumers and may not sell
10244	or provide food to any wholesaler or retailer; and
10245	(vii) the operator shall provide the consumer with a notification that, while a permit
10246	has been issued by the local health department, the kitchen may not meet all of the
10247	requirements of a commercial retail food establishment.
10248	[(5)] (8) When making the rules described in Subsection $[(2)]$ (5), the department may
10249	not make rules regarding:
10250	(a) hand washing facilities, except to require that a hand washing station supplied with
10251	warm water, soap, and disposable hand towels is conveniently located in food preparation, food
10252	dispensing, and warewashing areas;
10253	(b) kitchen sinks, kitchen sink compartments, and dish sanitation, except to require that
10254	the kitchen sink has hot and cold water, a sanitizing agent, is fully operational, and that dishes
10255	are sanitized between each use;
10256	(c) the individuals allowed access to the food preparation areas, food storage areas, and
10257	washing areas, except during food preparation;
10258	(d) display guards, covers, or containers for display foods, except to require that
10259	ready-to-eat food is protected from contamination during storage, preparation, handling,
10260	transport, and display;

(e) outdoor display and sale of food, except to require that food is maintained at proper

10262	holding temperatures;
10263	(f) utensils and equipment, except to require that utensils and equipment used in the
10264	home kitchen:
10265	(i) retain their characteristic qualities under normal use conditions;
10266	(ii) are properly sanitized after use; and
10267	(iii) are maintained in a sanitary manner between uses;
10268	(g) food contact surfaces, except to require that food contact surfaces are smooth,
10269	easily cleanable, in good repair, and properly sanitized between tasks;
10270	(h) non-food contact surfaces, if those surfaces are made of materials ordinarily used in
10271	residential settings, except to require that those surfaces are kept clean from the accumulation
10272	of residue and debris;
10273	(i) clean-in-place equipment, except to require that the equipment is cleaned and
10274	sanitized between uses;
10275	(j) ventilation, except to require that gases, odors, steam, heat, grease, vapors, and
10276	smoke are able to escape the kitchen;
10277	(k) fixed temperature measuring devices or product mimicking sensors for the holding
10278	equipment for time or temperature control food, except to require non-fixed temperature
10279	measuring devices for hot and cold holding of food during storage, serving, and cooling;
10280	(l) fixed floor-mounted and table-mounted equipment, except to require that
10281	floor-mounted and table-mounted equipment be in good repair and sanitized between uses;
10282	(m) dedicated laundry facilities, except to require that linens used for the
10283	microenterprise home kitchen are stored and laundered separately from household laundry and
10284	that soiled laundry is stored to prevent contamination of food and equipment;
10285	(n) water, plumbing, drainage, and waste, except to require that:
10286	(i) sinks be supplied with hot and cold potable water from:
10287	(A) an approved public water system as defined in Section 19-4-102;
10288	(B) if the local health department with jurisdiction over the microenterprise home

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10289	kitchen has regulations regarding the safety of drinking water, a source that meets the local
10290	health department's regulations regarding the safety of drinking water; or
10291	(C) a water source that is tested at least once per month for bacteriologic quality, and at
10292	least once in every three year period for lead and copper; and
10293	(ii) food preparation and service is discontinued in the event of a disruption of potable
10294	water service;
10295	(o) the number of and path of access to toilet facilities, except to require that toilet
10296	facilities are equipped with proper handwashing stations;
10297	(p) lighting, except to require that food preparations are well lit by natural or artificial
10298	light whenever food is being prepared;
10299	(q) designated dressing areas and storage facilities, except to require that items not
10300	ordinarily found in a home kitchen are placed or stored away from food preparation areas, that
10301	dressing takes place outside of the kitchen facility, and that food items are stored in a manner
10302	that does not allow for contamination;
10303	(r) the presence and handling of animals, except to require that all animals are kept
10304	outside of food preparation and service areas;
10305	(s) food storage, floor, wall, ceiling, and toilet surfaces, except to require that surfaces
10306	are smooth, of durable construction, easily cleanable, and kept clean and free of debris;
10307	(t) kitchen facilities open to living areas, except to require that food is only prepared,
10308	handled, or stored in kitchen and food storage areas;
10309	(u) submission of plans and specifications before construction or remodel of a kitchen
10310	facility;
10311	(v) the number and type of time or temperature controlled food offered for sale, except:
10312	(i) a raw time or temperature controlled food such as raw fish, raw milk, and raw
10313	shellfish;
10314	(ii) any food requiring special processes that would necessitate a HACCP plan; and

(iii) fish from waters of the state;

10316	(w) approved food sources, except to require that:
10317	(i) food in a hermetically sealed container is obtained from a regulated food processing
10318	plant;
10319	(ii) liquid milk and milk products are obtained from sources that comply with Grade A
10320	standards specified by the Department of Agriculture and Food by rule made in accordance
10321	with Title 63G, Chapter 3, Utah Administrative Rulemaking Act;
10322	(iii) fish for sale or service are commercially and legally caught;
10323	(iv) mushrooms picked in the wild are not offered for sale or service; and
10324	(v) game animals offered for sale or service are raised, slaughtered, and processed
10325	according to rules governing meat and poultry as specified by the Department of Agriculture
10326	and Food by rule made in accordance with Title 63G, Chapter 3, Utah Administrative
10327	Rulemaking Act;
10328	(x) the use of items produced under this [chapter] section; or
10329	(y) the use of an open air barbeque, grill, or outdoor wood-burning oven.
10330	[(6)] (9) An operator applying for a microenterprise home kitchen permit shall provide
10331	to the local health department:
10332	(a) written consent to enter the premises where food is prepared, cooked, stored, or
10333	harvested for the microenterprise home kitchen; and
10334	(b) written standard operating procedures that include:
10335	(i) all food that will be stored, handled, and prepared;
10336	(ii) the proposed procedures and methods of food preparation and handling;
10337	(iii) procedures, methods, and schedules for cleaning utensils and equipment;
10338	(iv) procedures and methods for the disposal of refuse; and
10339	(v) a plan for maintaining time or temperature controlled food at the appropriate
10340	temperatures for each time or temperature controlled food.
10341	[(7)] (10) In addition to a fee charged under [Section 26-15c-103] Subsection (2), if the
10342	local health department is required to inspect the microenterprise home kitchen as a source of

10343	an adulterated food or an outbreak of illness caused by a contaminated food and finds, as a
10344	result of that inspection, that the microenterprise home kitchen has produced an adulterated
10345	food or was the source of an outbreak of illness caused by a contaminated food, the local health
10346	department may charge and collect from the microenterprise home kitchen a fee for that
10347	inspection.
10348	[(8)] (11) A microenterprise home kitchen permit:
10349	(a) is nontransferable;
10350	(b) is renewable on an annual basis;
10351	(c) is restricted to the location and hours listed on the permit;
10352	(d) shall include a statement that reads: "This location is permitted under modified
10353	FDA requirements."; and
10354	(e) shall provide the operator the opportunity to update the food types and products
10355	handled without requiring the operator to renew the permit.
10356	[(9)] (12) This section does not prohibit an operator from applying for a different type
10357	of food event permit from a local health department.
10358	Section 310. Section 26B-7-501, which is renumbered from Section 26-62-102 is
10359	renumbered and amended to read:
10360	Part 5. Regulation of Smoking, Tobacco Products, and Nicotine Products
10361	[26-62-102]. <u>26B-7-501.</u> Definitions.
10362	As used in this [chapter] part:
10363	(1) "Community location" means the same as that term is defined:
10364	(a) as it relates to a municipality, in Section 10-8-41.6; and
10365	(b) as it relates to a county, in Section 17-50-333.
10366	(2) "Electronic cigarette" means the same as that term is defined in Section 76-10-101.
10367	[(2)] (3) "Electronic cigarette product" means the same as that term is defined in
10368	Section 76-10-101.
10369	(4) "Electronic cigarette substance" means the same as that term is defined in Section

10370	<u>76-10-101.</u>
10371	[(3)] (5) "Employee" means an employee of a tobacco retailer.
10372	[(4)] (6) "Enforcing agency" means the [state Department of Health] department, or
10373	any local health department enforcing the provisions of this [chapter] part.
10374	[(5)] (7) "General tobacco retailer" means a tobacco retailer that is not a retail tobacco
10375	specialty business.
10376	[(6)] (8) "Local health department" means the same as that term is defined in Section
10377	26A-1-102.
10378	(9) "Manufacture" includes:
10379	(a) to cast, construct, or make electronic cigarettes; or
10380	(b) to blend, make, process, or prepare an electronic cigarette substance.
10381	(10) "Manufacturer sealed electronic cigarette substance" means an electronic cigarette
10382	substance that is sold in a container that:
10383	(a) is prefilled by the electronic cigarette substance manufacturer; and
10384	(b) the electronic cigarette manufacturer does not intend for a consumer to open.
10385	(11) "Manufacturer sealed electronic cigarette product" means:
10386	(a) an electronic cigarette substance or container that the electronic cigarette
10387	manufacturer does not intend for a consumer to open or refill; or
10388	(b) a prefilled electronic cigarette as that term is defined in Section 76-10-101.
10389	(12) "Nicotine" means the same as that term is defined in Section 76-10-101.
10390	$[\frac{7}{(13)}]$ "Nicotine product" means the same as that term is defined in Section
10391	76-10-101.
10392	(14) "Non-tobacco shisha" means any product that:
10393	(a) does not contain tobacco or nicotine; and
10394	(b) is smoked or intended to be smoked in a hookah or water pipe.
10395	[(8)] (15) "Owner" means a person holding a 20% ownership interest in the business
10396	that is required to obtain a permit under this [chapter] part.

10397	[(9)] <u>(16)</u> "Permit" means a tobacco retail permit issued under [this chapter] Section
10398	<u>26B-7-507</u> .
10399	(17) "Place of public access" means any enclosed indoor place of business, commerce,
10400	banking, financial service, or other service-related activity, whether publicly or privately owned
10401	and whether operated for profit or not, to which persons not employed at the place of public
10402	access have general and regular access or which the public uses, including:
10403	(a) buildings, offices, shops, elevators, or restrooms;
10404	(b) means of transportation or common carrier waiting rooms;
10405	(c) restaurants, cafes, or cafeterias;
10406	(d) taverns as defined in Section 32B-1-102, or cabarets;
10407	(e) shopping malls, retail stores, grocery stores, or arcades;
10408	(f) libraries, theaters, concert halls, museums, art galleries, planetariums, historical
10409	sites, auditoriums, or arenas;
10410	(g) barber shops, hair salons, or laundromats;
10411	(h) sports or fitness facilities;
10412	(i) common areas of nursing homes, hospitals, resorts, hotels, motels, "bed and
10413	breakfast" lodging facilities, and other similar lodging facilities, including the lobbies,
10414	hallways, elevators, restaurants, cafeterias, other designated dining areas, and restrooms of any
10415	of these;
10416	(j) (i) any child care facility or program subject to licensure or certification under this
10417	title, including those operated in private homes, when any child cared for under that license is
10418	present; and
10419	(ii) any child care, other than child care as defined in Section 26B-2-401, that is not
10420	subject to licensure or certification under this title, when any child cared for by the provider,
10421	other than the child of the provider, is present;
10422	(k) public or private elementary or secondary school buildings and educational
10423	facilities or the property on which those facilities are located;

10424	(l) any building owned, rented, leased, or otherwise operated by a social, fraternal, or
10425	religious organization when used solely by the organization members or the members' guests or
10426	families;
10427	(m) any facility rented or leased for private functions from which the general public is
10428	excluded and arrangements for the function are under the control of the function sponsor;
10429	(n) any workplace that is not a place of public access or a publicly owned building or
10430	office but has one or more employees who are not owner-operators of the business;
10431	(o) any area where the proprietor or manager of the area has posted a conspicuous sign
10432	stating "no smoking", "thank you for not smoking", or similar statement; and
10433	(p) a holder of a bar establishment license, as defined in Section 32B-1-102.
10434	[(10)] <u>(18)</u> (a) "Proof of age" means:
10435	(i) a valid identification card issued under Title 53, Chapter 3, Part 8, Identification
10436	Card Act;
10437	(ii) a valid identification that:
10438	(A) is substantially similar to an identification card issued under Title 53, Chapter 3,
10439	Part 8, Identification Card Act;
10440	(B) is issued in accordance with the laws of a state other than Utah in which the
10441	identification is issued;
10442	(C) includes date of birth; and
10443	(D) has a picture affixed;
10444	(iii) a valid driver license certificate that is issued under Title 53, Chapter 3, Uniform
10445	Driver License Act, or in accordance with the laws of the state in which the valid driver license
10446	is issued;
10447	(iv) a valid United States military identification card that:
10448	(A) includes date of birth; and
10449	(B) has a picture affixed; or
10450	(v) a valid passport.

10451	(b) "Proof of age" does not include a valid driving privilege card issued in accordance
10452	with Section 53-3-207.
10453	(19) "Publicly owned building or office" means any enclosed indoor place or portion of
10454	a place owned, leased, or rented by any state, county, or municipal government, or by any
10455	agency supported by appropriation of, or by contracts or grants from, funds derived from the
10456	collection of federal, state, county, or municipal taxes.
10457	[(11)] (20) "Retail tobacco specialty business" means the same as that term is defined:
10458	(a) as it relates to a municipality, in Section 10-8-41.6; and
10459	(b) as it relates to a county, in Section 17-50-333.
10460	(21) "Shisha" means any product that:
10461	(a) contains tobacco or nicotine; and
10462	(b) is smoked or intended to be smoked in a hookah or water pipe.
10463	(22) "Smoking" means:
10464	(a) the possession of any lighted or heated tobacco product in any form;
10465	(b) inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, pipe,
10466	or hookah that contains:
10467	(i) tobacco or any plant product intended for inhalation;
10468	(ii) shisha or non-tobacco shisha;
10469	(iii) nicotine;
10470	(iv) a natural or synthetic tobacco substitute; or
10471	(v) a natural or synthetic flavored tobacco product;
10472	(c) using an electronic cigarette; or
10473	(d) using an oral smoking device intended to circumvent the prohibition of smoking in
10474	this part.
10475	[(12)] (23) "Tax commission license" means a license issued by the State Tax
10476	Commission under:
10477	(a) Section 59-14-201 to sell a cigarette at retail;

10478	(b) Section 59-14-301 to sell a tobacco product at retail; or
10479	(c) Section 59-14-803 to sell an electronic cigarette product or a nicotine product.
10480	[(13)] <u>(24)</u> "Tobacco product" means:
10481	(a) a tobacco product as defined in Section 76-10-101; or
10482	(b) tobacco paraphernalia as defined in Section 76-10-101.
10483	[(14)] (25) "Tobacco retailer" means a person that is required to obtain a tax
10484	commission license.
10485	Section 311. Section 26B-7-502, which is renumbered from Section 26-15-11 is
10486	renumbered and amended to read:
10487	[26-15-11]. <u>26B-7-502.</u> Statutes on smoking considered public health laws.
10488	[Title 26, Chapter 38, Utah Indoor Clean Air Act,] Section 26B-7-503 is a public health
10489	law and shall be enforced by the department and local health departments.
10490	Section 312. Section 26B-7-503, which is renumbered from Section 26-38-3 is
10491	renumbered and amended to read:
10492	[26-38-3]. <u>26B-7-503.</u> Utah Indoor Clean Air Act Restriction on smoking in
10493	public places and in specified places Exceptions Enforcement Penalties Local
10494	ordinances.
10495	(1) Except as provided in [Subsection (2)] Subsections (2) and (3), smoking is
10496	prohibited in all enclosed indoor places of public access and publicly owned buildings and
10497	offices.
10498	(2) Subsection (1) does not apply to:
10499	(a) areas not commonly open to the public of owner-operated businesses having no
10500	employees other than the owner-operator;
10501	(b) guest rooms in hotels, motels, "bed and breakfast" lodging facilities, and other
10502	similar lodging facilities, but smoking is prohibited under Subsection (1) in the common areas
10503	of these facilities, including dining areas and lobby areas; and
10504	(c) separate enclosed smoking areas:

10505	(i) located in the passenger terminals of an international airport located in the city of
10506	the first class;
10507	(ii) vented directly to the outdoors; and
10508	(iii) certified, by a heating, ventilation, and air conditioning engineer licensed by the
10509	state, to prevent the drift of any smoke to any nonsmoking area of the terminal.
10510	(3) (a) A person is exempt from the restrictions of Subsection (1) if the person:
10511	(i) is a member of an American Indian tribe whose members are recognized as eligible
10512	for the special programs and services provided by the United States to American Indians who
10513	are members of those tribes;
10514	(ii) is an American Indian who actively practices an American Indian religion, the
10515	origin and interpretation of which is from a traditional American Indian culture;
10516	(iii) is smoking tobacco using the traditional pipe of an American Indian tribal
10517	religious ceremony, of which tribe the person is a member, and is smoking the pipe as part of
10518	that ceremony; and
10519	(iv) the ceremony is conducted by a pipe carrier, Indian spiritual person, or medicine
10520	person recognized by the tribe of which the person is a member and the Indian community.
10521	(b) This Subsection (3) takes precedence over Subsection (1).
10522	(c) A religious ceremony using a traditional pipe under this section is subject to any
10523	applicable state or local law, except as provided in this section.
10524	(4) (a) An owner or the agent or employee of the owner of a place where smoking is
10525	prohibited under Subsection (1) who observes a person smoking in apparent violation of this
10526	section shall request the person to stop smoking.
10527	(b) If the person fails to comply, the proprietor or the agent or employee of the
10528	proprietor shall ask the person to leave the premises.
10529	(5) (a) A first violation of Subsection (1) is subject to a civil penalty of not more than
10530	<u>\$100.</u>
10531	(b) Any second or subsequent violation of Subsection (1) is subject to a civil penalty of

10532	not less than \$100 and not more than \$500.
10533	(6) (a) The department and local health departments shall:
10534	(i) enforce this section and shall coordinate their efforts to promote the most effective
10535	enforcement of this section; and
10536	(ii) impose the penalties under Subsection (5) in accordance with this Subsection (6).
10537	(b) When enforcing this section, the department and the local health departments shall
10538	notify persons of alleged violations of this part, conduct hearings, and impose penalties in
10539	accordance with Title 63G, Chapter 4, Administrative Procedures Act.
10540	(c) The department shall adopt rules necessary and reasonable to implement the
10541	provisions of this section.
10542	(7) Civil penalties collected under this section by:
10543	(a) a local health department shall be paid to the treasurer of the county in which the
10544	violation was committed; and
10545	(b) the department shall be deposited into the General Fund.
10546	(8) (a) This section supersedes any ordinance enacted by the governing body of a
10547	political subdivision that restricts smoking in a place of public access as defined in Section
10548	26B-7-501 and that is not essentially identical to the provisions of this section.
10549	(b) This Subsection (8) does not supersede an ordinance enacted by the governing body
10550	of a political subdivision that restricts smoking in outdoor places of public access which are
10551	owned or operated by:
10552	(i) a political subdivision as defined in Section 17B-1-102;
10553	(ii) a state institution of higher education; or
10554	(iii) a state institution of public education.
10555	Section 313. Section 26B-7-504 , which is renumbered from Section 26-43-102 is
10556	renumbered and amended to read:
10557	[26-43-102]. <u>26B-7-504.</u> Gathering of information related to cigarettes
10558	and tobacco products.

10559	(1) The department shall obtain annually publicly available information regarding
10560	cigarettes and tobacco products from other states and sources concerning:
10561	[(1)] (a) the presence of the following substances in detectable levels in a burned state
10562	and, if the cigarette or tobacco product is typically burned when consumed, in a burned state:
10563	[(a)] (i) ammonia or ammonia compounds;
10564	[(b)] <u>(ii)</u> arsenic;
10565	[(c)] <u>(iii)</u> cadmium;
10566	[(d)] (iv) formaldehyde; and
10567	$[\underline{(e)}]$ $\underline{(v)}$ lead; and
10568	[(2)] (b) a nicotine yield rating for the cigarette or tobacco product for which a rating
10569	has been developed.
10570	(2) Information obtained by the department under Subsection (1) is a public record and
10571	may be disclosed in accordance with Section 63G-2-201 and disseminated generally by the
10572	department.
10573	Section 314. Section 26B-7-505, which is renumbered from Section 26-57-103 is
10574	renumbered and amended to read:
10575	[26-57-103]. <u>26B-7-505.</u> Electronic cigarette products Labeling
10576	Requirements to sell Advertising Labeling of nicotine products containing nicotine.
10577	(1) The department shall, in consultation with a local health department and with input
10578	from members of the public, establish by rule made in accordance with Title 63G, Chapter 3,
10579	Utah Administrative Rulemaking Act, the requirements to sell an electronic cigarette substance
10580	that is not a manufacturer sealed electronic cigarette substance regarding:
10581	(a) labeling;
10582	(b) nicotine content;
10583	(c) packaging; and
10584	(d) product quality.
10585	(2) On or before January 1, 2021, the department shall, in consultation with a local

10586	health department and with input from members of the public, establish by rule made in
10587	accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the requirements
10588	to sell a manufacturer sealed electronic cigarette product regarding:
10589	(a) labeling;
10590	(b) nicotine content;
10591	(c) packaging; and
10592	(d) product quality.
10593	(3) (a) A person may not sell an electronic cigarette substance unless the electronic
10594	cigarette substance complies with the requirements established by the department under
10595	Subsection (1).
10596	(b) Beginning on July 1, 2021, a person may not sell a manufacturer sealed electronic
10597	cigarette product unless the manufacturer sealed electronic cigarette product complies with the
10598	requirements established by the department under Subsection (2).
10599	(4) (a) A local health department may not enact a rule or regulation regarding
10600	electronic cigarette substance labeling, nicotine content, packaging, or product quality that is
10601	not identical to the requirements established by the department under Subsections (1) and (2).
10602	(b) Except as provided in Subsection (4)(c), a local health department may enact a rule
10603	or regulation regarding electronic cigarette substance manufacturing.
10604	(c) A local health department may not enact a rule or regulation regarding a
10605	manufacturer sealed electronic cigarette product.
10606	(5) A person may not advertise an electronic cigarette product as a tobacco cessation
10607	device.
10608	(6) Any nicotine product shall contain the statement described in Subsection (7) if the
10609	nicotine product:
10610	(a) (i) is not a tobacco product as defined in 21 U.S.C. Sec. 321 and related federal
10611	regulations; or

10612

(ii) is not otherwise required under federal or state law to contain a nicotine warning;

10613	<u>and</u>
10614	(b) contains nicotine.
10615	(7) A statement shall appear on the exterior packaging of a nicotine product described
10616	in Subsection (6) as follows:
10617	"This product contains nicotine."
10618	Section 315. Section 26B-7-506, which is renumbered from Section 26-62-103 is
10619	renumbered and amended to read:
10620	$[\frac{26-62-103}{2}]$. Regulation of tobacco retailers.
10621	The regulation of a tobacco retailer is an exercise of the police powers of the state, and
10622	through delegation, to other governmental entities.
10623	Section 316. Section 26B-7-507, which is renumbered from Section 26-62-201 is
10624	renumbered and amended to read:
10625	[26-62-201]. <u>26B-7-507.</u> Permitting requirement.
10626	(1) (a) A tobacco retailer shall hold a valid tobacco retail permit issued in accordance
10627	with this [chapter] part by the local health department with jurisdiction over the physical
10628	location where the tobacco retailer operates.
10629	(b) A tobacco retailer without a valid permit may not:
10630	(i) place a tobacco product, an electronic cigarette product, or a nicotine product in
10631	public view;
10632	(ii) display any advertisement related to a tobacco product, an electronic cigarette
10633	product, or a nicotine product that promotes the sale, distribution, or use of those products; or
10634	(iii) sell, offer for sale, or offer to exchange for any form of consideration, tobacco, a
10635	tobacco product, an electronic cigarette product, or a nicotine product.
10636	(2) A local health department may issue a permit under this [chapter] part for a tobacco
10637	retailer in the classification of:
10638	(a) a general tobacco retailer; or
10639	(b) a retail tobacco specialty business.

10640	(3) A permit under this [chapter] part is:
10641	(a) valid only for one physical location, including a vending machine;
10642	(b) valid only at one fixed business address; and
10643	(c) if multiple tobacco retailers are at the same address, separately required for each
10644	tobacco retailer.
10645	Section 317. Section 26B-7-508, which is renumbered from Section 26-62-202 is
10646	renumbered and amended to read:
10647	$[\frac{26-62-202}{2}]$. $\underline{26B-7-508}$. Permit application.
10648	(1) A local health department shall issue a permit [under this chapter] for a tobacco
10649	retailer if the local health department determines that the applicant:
10650	(a) accurately provided all information required under Subsection (3) and, if applicable,
10651	Subsection (4); and
10652	(b) meets all requirements for a permit under this [chapter] part.
10653	(2) An applicant for a permit shall:
10654	(a) submit an application described in Subsection (3) to the local health department
10655	with jurisdiction over the area where the tobacco retailer is located; and
10656	(b) pay all applicable fees described in Section [26-62-203] <u>26B-7-509</u> .
10657	(3) The application for a permit shall include:
10658	(a) the name, address, and telephone number of each proprietor;
10659	(b) the name and mailing address of each proprietor authorized to receive
10660	permit-related communication and notices;
10661	(c) the business name, address, and telephone number of the single, fixed location for
10662	which a permit is sought;
10663	(d) evidence that the location for which a permit is sought has a valid tax commission
10664	license;
10665	(e) information regarding whether, in the past 24 months, any proprietor of the tobacco

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retailer has been determined to have violated, or has been a proprietor at a location that has

10667	been determined to have violated:
10668	(i) a provision of this [chapter] part;
10669	[(ii) Chapter 38, Utah Indoor Clean Air Act;]
10670	(ii) Section 26B-7-503;
10671	(iii) Title 76, Chapter 10, Part 1, Cigarettes and Tobacco and Psychotoxic Chemical
10672	Solvents;
10673	(iv) Title 76, Chapter 10, Part 16, Pattern of Unlawful Activity Act;
10674	(v) regulations restricting the sale and distribution of cigarettes and smokeless tobacco
10675	issued by the United States Food and Drug Administration, 21 C.F.R. Part 1140; or
10676	(vi) any other provision of state law or local ordinance regarding the sale, marketing, or
10677	distribution of a tobacco product, an electronic cigarette product, or a nicotine product; and
10678	(f) the dates of all violations disclosed under this Subsection (3).
10679	(4) (a) In addition to the information described in Subsection (3), an applicant for a
10680	retail tobacco specialty business permit shall include evidence showing whether the business is
10681	located within:
10682	(i) 1,000 feet of a community location;
10683	(ii) 600 feet of another retail tobacco specialty business; or
10684	(iii) 600 feet of property used or zoned for agricultural or residential use.
10685	(b) For purposes of Subsection (4)(a), the proximity requirements shall be measured in
10686	a straight line from the nearest entrance of the retail tobacco specialty business to the nearest
10687	property boundary of a location described in Subsections (4)(a)(i) through (iii), without regard
10688	to intervening structures or zoning districts.
10689	(5) The department or a local health department may not deny a permit to a retail
10690	tobacco specialty business under Subsection (4) if the retail tobacco specialty business meets
10691	the requirements described in Subsection 10-8-41.6(7) or 17-50-333(7).
10692	(6) (a) The department shall establish by rule made in accordance with Title 63G,
10693	Chapter 3, Utah Administrative Rulemaking Act, a permit process for local health departments

10694	in accordance with this [chapter] part.
10695	(b) The permit process established by the department under Subsection (6)(a) may not
10696	require any information in an application that is not required by this section.
10697	Section 318. Section 26B-7-509, which is renumbered from Section 26-62-203 is
10698	renumbered and amended to read:
10699	[26-62-203]. <u>26B-7-509.</u> Permit term and fees.
10700	(1) (a) The term of a permit issued [under this chapter] to a retail tobacco specialty
10701	business is one year.
10702	(b) The term of a permit issued [under this chapter] to a general tobacco retailer is two
10703	years.
10704	(2) (a) A local health department may not issue a permit [under this chapter] until the
10705	applicant has paid a permit fee to the local health department of:
10706	(i) \$30 for a new permit;
10707	(ii) \$20 for a permit renewal; or
10708	(iii) \$30 for reinstatement of a permit that has been revoked, suspended, or allowed to
10709	expire.
10710	(b) A local health department that collects fees under Subsection (2)(a) shall use the
10711	fees to administer the permit requirements [under this chapter] described in Sections
10712	26B-7-506 through 26B-7-521.
10713	(c) In addition to the fee described in Subsection (2)(a), a local health department may
10714	establish and collect a fee to perform a plan review for a retail tobacco specialty business
10715	permit.
10716	(3) A permit holder may apply for a renewal of a permit no earlier than 30 days before
10717	the day on which the permit expires.
10718	(4) A tobacco retailer that fails to renew a permit before the permit expires may apply
10719	to reinstate the permit by submitting to the local health department:

(a) the information required in Subsection [26-62-202] 26B-7-508(3) and, if

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10721	applicable, Subsection $[\frac{26-62-202}{26B-7-508}]$ $[\frac{26B-7-508}{26B-7-508}]$
10722	(b) the fee for the reinstatement of a permit; and
10723	(c) a signed affidavit affirming that the tobacco retailer has not violated the
10724	prohibitions in Subsection [$\frac{26-62-201}{26B-7-507}$ (1)(b) after the permit expired.
10725	Section 319. Section 26B-7-510, which is renumbered from Section 26-62-204 is
10726	renumbered and amended to read:
10727	$[\frac{26-62-204}{2}]$. $\underline{26B-7-510}$. Permit nontransferable.
10728	(1) A permit is nontransferable.
10729	(2) If the information described in Subsection [26-62-202] 26B-7-508(3) changes, a
10730	tobacco retailer:
10731	(a) may not renew the permit; and
10732	(b) shall apply for a new permit no later than 15 days after the information in
10733	Subsection [26-62-202] <u>26B-7-508</u> (3) changes.
10734	Section 320. Section 26B-7-511, which is renumbered from Section 26-62-205 is
10735	renumbered and amended to read:
10736	$[\frac{26-62-205}{2}]$.
10737	specialty business.
10738	(1) A retail tobacco specialty business shall:
10739	(a) electronically verify proof of age for any individual that enters the premises of the
10740	business in accordance with [Part 4, Proof of Age Requirements] Section 26B-7-521;
10741	(b) except as provided in Subsection 76-10-105.1(4), prohibit any individual from
10742	entering the business if the individual is under 21 years old; and
10743	(c) prominently display at the retail tobacco specialty business a sign on the public
10744	entrance of the business that communicates:
10745	(i) the prohibition on the presence of an individual under 21 years old in a retail
10746	tobacco specialty business in Subsection 76-10-105.1(4); and
10747	(ii) the prohibition on the sale of tobacco products and electronic cigarette products to

10748	an individual under 21 years old as described in Sections 76-10-104, 76-10-104.1, 76-10-105.1,
10749	and 76-10-114.
10750	(2) A retail tobacco specialty business may not:
10751	(a) employ an individual under 21 years old to sell a tobacco product, an electronic
10752	cigarette product, or a nicotine product; or
10753	(b) permit an employee under 21 years old to sell a tobacco product, an electronic
10754	cigarette product, or a nicotine product.
10755	Section 321. Section 26B-7-512, which is renumbered from Section 26-62-206 is
10756	renumbered and amended to read:
10757	[26-62-206]. <u>26B-7-512.</u> Requirements for the sale of tobacco product,
10758	electronic cigarette product, or nicotine product.
10759	(1) A tobacco retailer shall:
10760	(a) provide the customer with an itemized receipt for each sale of a tobacco product, an
10761	electronic cigarette product, or a nicotine product that separately identifies:
10762	(i) the name of the tobacco product, the electronic cigarette product, or the nicotine
10763	product;
10764	(ii) the amount charged for each tobacco product, electronic cigarette product, or
10765	nicotine product; and
10766	(iii) the date and time of the sale; and
10767	(b) maintain an itemized transaction log for each sale of a tobacco product, an
10768	electronic cigarette product, or a nicotine product that separately identifies:
10769	(i) the name of the tobacco product, the electronic cigarette product, or the nicotine
10770	product;
10771	(ii) the amount charged for each tobacco product, electronic cigarette product, or
10772	nicotine product; and
10773	(iii) the date and time of the sale.
10774	(2) The itemized transaction log described in Subsection (1)(b) shall be:

10775	(a) maintained for at least one year after the date of each transaction in the itemized
10776	transaction log;
10777	(b) made available to an enforcing agency or a peace officer at the request of the
10778	enforcing agency or the peace officer; and
10779	(c) in addition to any documentation required under Section 59-1-1406 and Subsection
10780	59-14-805(2).
10781	Section 322. Section 26B-7-513, which is renumbered from Section 26-62-207 is
10782	renumbered and amended to read:
10783	[26-62-207]. 26B-7-513. Permit requirements for the sale of tobacco
10784	products and electronic cigarette products.
10785	(1) A tobacco retailer shall:
10786	(a) provide the customer with an itemized receipt for each sale of a tobacco product o
10787	an electronic cigarette product that separately identifies:
10788	(i) the name of the tobacco product or the electronic cigarette product;
10789	(ii) the amount charged for each tobacco product or electronic cigarette product; and
10790	(iii) the time and date of the sale; and
10791	(b) maintain an itemized transaction log for each sale of a tobacco product or an
10792	electronic cigarette product that separately identifies:
10793	(i) the name of the tobacco product or the electronic cigarette product;
10794	(ii) the amount charged for each tobacco product or electronic cigarette product; and
10795	(iii) the date and time of the sale.
10796	(2) The itemized transaction log described in Subsection (1)(b) shall be:
10797	(a) maintained for at least one year after the date of each transaction in the itemized
10798	transaction log; and
10799	(b) made available to an enforcing agency or a peace officer at the request of the
10800	enforcing agency or the peace officer that is no less restrictive than the provisions in this part.
10801	Section 323. Section 26B-7-514 , which is renumbered from Section 26-62-301 is

10802	renumbered and amended to read:
10803	$[\frac{26-62-301}{2}]$. $\underline{26B-7-514}$. Permit violation.
10804	A person is in violation of the permit issued under this [chapter] part if the person
10805	violates:
10806	(1) a provision of this [chapter] part;
10807	(2) a provision of licensing laws under Section 10-8-41.6 or Section 17-50-333;
10808	(3) a provision of Title 76, Chapter 10, Part 1, Cigarettes and Tobacco and Psychotoxic
10809	Chemical Solvents;
10810	(4) a provision of Title 76, Chapter 10, Part 16, Pattern of Unlawful Activity Act;
10811	(5) a regulation restricting the sale and distribution of cigarettes and smokeless tobacco
10812	issued by the United States Food and Drug Administration under 21 C.F.R. Part 1140; or
10813	(6) any other provision of state law or local ordinance regarding the sale, marketing, or
10814	distribution of a tobacco product, an electronic cigarette product, or a nicotine product.
10815	Section 324. Section 26B-7-515 , which is renumbered from Section 26-62-302 is
10816	renumbered and amended to read:
10817	[26-62-302]. 26B-7-515. Enforcement by state and local health
10818	departments.
10819	The department and local health departments shall enforce [this chapter] Sections
10820	26B-7-506 through 26B-7-521 under the procedures of Title 63G, Chapter 4, Administrative
10821	Procedures Act, as an informal adjudicative proceeding, including:
10822	(1) notifying a tobacco retailer of alleged violations [of this chapter];
10823	(2) conducting hearings;
10824	(3) determining violations [of this chapter]; and
10825	(4) imposing civil administrative penalties.
10826	Section 325. Section 26B-7-516 , which is renumbered from Section 26-62-303 is
10827	renumbered and amended to read:
10828	[26-62-303]. 26B-7-516. Inspection of retail tobacco businesses.

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10829	The department or a local health department may inspect a tobacco retailer to determine
10830	whether the tobacco retailer:
10831	(1) continues to meet the qualifications for the permit issued under this [chapter] part;
10832	(2) if applicable, continues to meet the requirements for a retail tobacco specialty
10833	business license issued under Section 10-8-41.6 or Section 17-50-333;
10834	(3) engaged in a pattern of unlawful activity under Title 76, Chapter 10, Part 16,
10835	Pattern of Unlawful Activity Act;
10836	(4) violated any of the regulations restricting the sale and distribution of cigarettes and
10837	smokeless tobacco issued by the United States Food and Drug Administration under 21 C.F.R.
10838	Part 1140; or
10839	(5) has violated any other provision of state law or local ordinance.
10840	Section 326. Section 26B-7-517, which is renumbered from Section 26-62-304 is
10841	renumbered and amended to read:
10842	[26-62-304]. <u>26B-7-517.</u> Hearing Evidence of criminal conviction.
10842 10843	[26-62-304]. 26B-7-517. Hearing Evidence of criminal conviction. (1) At a civil hearing conducted under Section [26-62-302] 26B-7-515, evidence of the
10843	(1) At a civil hearing conducted under Section [26-62-302] <u>26B-7-515</u> , evidence of the
10843 10844	(1) At a civil hearing conducted under Section [26-62-302] 26B-7-515, evidence of the final criminal conviction of a tobacco retailer for violation of Section 76-10-114 at the same
10843 10844 10845	(1) At a civil hearing conducted under Section [26-62-302] 26B-7-515, evidence of the final criminal conviction of a tobacco retailer for violation of Section 76-10-114 at the same location and within the same time period as the location and time period alleged in the civil
10843 10844 10845 10846	(1) At a civil hearing conducted under Section [26-62-302] 26B-7-515, evidence of the final criminal conviction of a tobacco retailer for violation of Section 76-10-114 at the same location and within the same time period as the location and time period alleged in the civil hearing for violation of this [chapter] part for sale of a tobacco product, an electronic cigarette
10843 10844 10845 10846 10847	(1) At a civil hearing conducted under Section [26-62-302] 26B-7-515, evidence of the final criminal conviction of a tobacco retailer for violation of Section 76-10-114 at the same location and within the same time period as the location and time period alleged in the civil hearing for violation of this [chapter] part for sale of a tobacco product, an electronic cigarette product, or a nicotine product to an individual under 21 years old is prima facie evidence of a
10843 10844 10845 10846 10847 10848	(1) At a civil hearing conducted under Section [26-62-302] 26B-7-515, evidence of the final criminal conviction of a tobacco retailer for violation of Section 76-10-114 at the same location and within the same time period as the location and time period alleged in the civil hearing for violation of this [chapter] part for sale of a tobacco product, an electronic cigarette product, or a nicotine product to an individual under 21 years old is prima facie evidence of a violation of this [chapter] part.
10843 10844 10845 10846 10847 10848	(1) At a civil hearing conducted under Section [26-62-302] 26B-7-515, evidence of the final criminal conviction of a tobacco retailer for violation of Section 76-10-114 at the same location and within the same time period as the location and time period alleged in the civil hearing for violation of this [chapter] part for sale of a tobacco product, an electronic cigarette product, or a nicotine product to an individual under 21 years old is prima facie evidence of a violation of this [chapter] part. (2) If the tobacco retailer is convicted of violating Section 76-10-114, the enforcing
10843 10844 10845 10846 10847 10848 10849	(1) At a civil hearing conducted under Section [26-62-302] 26B-7-515, evidence of the final criminal conviction of a tobacco retailer for violation of Section 76-10-114 at the same location and within the same time period as the location and time period alleged in the civil hearing for violation of this [chapter] part for sale of a tobacco product, an electronic cigarette product, or a nicotine product to an individual under 21 years old is prima facie evidence of a violation of this [chapter] part. (2) If the tobacco retailer is convicted of violating Section 76-10-114, the enforcing agency:
10843 10844 10845 10846 10847 10848 10849 10850	(1) At a civil hearing conducted under Section [26-62-302] 26B-7-515, evidence of the final criminal conviction of a tobacco retailer for violation of Section 76-10-114 at the same location and within the same time period as the location and time period alleged in the civil hearing for violation of this [chapter] part for sale of a tobacco product, an electronic cigarette product, or a nicotine product to an individual under 21 years old is prima facie evidence of a violation of this [chapter] part. (2) If the tobacco retailer is convicted of violating Section 76-10-114, the enforcing agency: (a) shall assess an additional monetary penalty under this [chapter] part for the same

Section 327. Section 26B-7-518, which is renumbered from Section 26-62-305 is

10856	renumbered and amended to	read:
10857	$[\frac{26-62-305}{2}]$.	26B-7-518. Penalties.
10858	(1) (a) If an enforcin	g agency determines that a person has violated the terms of a
10859	permit issued under this [cha	pter] part, the enforcing agency may impose the penalties
10860	described in this section.	
10861	(b) If multiple violat	ions are found in a single inspection by an enforcing agency or a
10862	single investigation by a law	enforcement agency under Section 77-39-101, the enforcing
10863	agency shall treat the multiple	e violations as one single violation under Subsections (2), (3), and
10864	(4).	
10865	(2) Except as provid	ed in Subsections (3) and (4), if a violation is found in an
10866	investigation by a law enforce	ement agency under Section 77-39-101 or an inspection by an
10867	enforcing agency, the enforc	ing agency shall:
10868	(a) on a first violation	n at a retail location, impose a penalty of \$1,000;
10869	(b) on a second viola	tion at the same retail location that occurs within one year of a
10870	previous violation, impose a	penalty of \$1,500;
10871	(c) on a third violation	on at the same retail location that occurs within two years after two
10872	previous violations, impose:	
10873	(i) a suspension of the	e permit for 30 consecutive business days within 60 days after the
10874	day on which the third violat	ion occurs; or
10875	(ii) a penalty of \$2,0	00; and
10876	(d) on a fourth or sul	osequent violation within two years of three previous violations:
10877	(i) impose a penalty	of \$2,000;
10878	(ii) revoke a permit of	of the retailer; and
10879	(iii) if applicable, red	commend to a municipality or county that a retail tobacco specialty
10880	business license issued unde	Section 10-8-41.6 or 17-50-333 be suspended or revoked.
10881	(3) If a violation is for	ound in an investigation of a general tobacco retailer by a law

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enforcement agency under Section 77-39-101 for the sale of a tobacco product, an electronic

10883	cigarette product, or a nicotine product to an individual under 21 years old and the violation is
10884	committed by the owner of the general tobacco retailer, the enforcing agency shall:
10885	(a) on a first violation, impose a fine of \$2,000 on the general tobacco retailer; and
10886	(b) on the second violation for the same general tobacco retailer within one year of the
10887	first violation:
10888	(i) impose a fine of \$5,000; and
10889	(ii) revoke the permit for the general tobacco retailer.
10890	(4) If a violation is found in an investigation of a retail tobacco specialty business by a
10891	law enforcement agency under Section 77-39-101 for the sale of a tobacco product, an
10892	electronic cigarette product, or a nicotine product to an individual under 21 years old, the
10893	enforcing agency shall:
10894	(a) on the first violation:
10895	(i) impose a fine of \$5,000; and
10896	(ii) immediately suspend the permit for 30 consecutive days; and
10897	(b) on the second violation at the same retail location within two years of the first
10898	violation:
10899	(i) impose a fine of \$10,000; and
10900	(ii) revoke the permit for the retail tobacco specialty business.
10901	(5) (a) Except when a transfer described in Subsection (6) occurs, a local health
10902	department may not issue a permit to:
10903	(i) a tobacco retailer for whom a permit is suspended or revoked under Subsection (2)
10904	or (3); or
10905	(ii) a tobacco retailer that has the same proprietor, director, corporate officer, partner,
10906	or other holder of significant interest as another tobacco retailer for whom a permit is
10907	suspended or revoked under Subsection (2), (3), or (4).
10908	(b) A person whose permit:
10909	(i) is suspended under this section may not apply for a new permit for any other

10910 tobacco retailer for a period of 12 months after the day on which an enforcing agency suspends 10911 the permit; and 10912 (ii) is revoked under this section may not apply for a new permit for any tobacco 10913 retailer for a period of 24 months after the day on which an enforcing agency revokes the 10914 permit. 10915 (6) Violations of this [chapter] part, Section 10-8-41.6, or Section 17-50-333 that occur 10916 at a tobacco retailer location shall stay on the record for that tobacco retailer location unless: 10917 (a) the tobacco retailer is transferred to a new proprietor; and 10918 (b) the new proprietor provides documentation to the local health department that the 10919 new proprietor is acquiring the tobacco retailer in an arm's length transaction from the previous 10920 proprietor. 10921 Section 328. Section **26B-7-519**, which is renumbered from Section 26-62-306 is 10922 renumbered and amended to read: 10923 [26-62-306]. 26B-7-519. Recognition of tobacco retailer training program. 10924 (1) In determining the amount of the monetary penalty to be imposed for a violation of 10925 this [chapter] part, a hearing officer shall reduce the civil penalty by at least 50% if the hearing 10926 officer determines that: 10927 (a) the tobacco retailer has implemented a documented employee training program; and 10928 (b) the employees have completed that training program within 30 days after the day on 10929 which each employee commences the duties of selling a tobacco product, an electronic 10930 cigarette product, or a nicotine product. 10931 (2) (a) For the first offense at a location, if the hearing officer determines under 10932 Subsection (1) that the tobacco retailer has not implemented a documented training program 10933 with a written curriculum for employees at that location regarding compliance with this 10934 chapter, the hearing officer may suspend all or a portion of the penalty if:

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location; and

(i) the tobacco retailer agrees to initiate a training program for employees at that

10937	(ii) the training program begins within 30 days after the hearing officer makes a
10938	determination under this Subsection (2)(a).
10939	(b) If the hearing officer determines at a subsequent hearing that the tobacco retailer
10940	has not implemented the training program within the time period required under Subsection
10941	(2)(a)(ii), the hearing officer shall promptly impose the suspended monetary penalty, unless the
10942	tobacco retailer demonstrates good cause for an extension of time for implementation of the
10943	training program.
10944	Section 329. Section 26B-7-520, which is renumbered from Section 26-62-307 is
10945	renumbered and amended to read:
10946	[26-62-307]. <u>26B-7-520.</u> Allocation of civil penalties.
10947	Civil monetary penalties collected under [this chapter] Section 26B-7-518 shall be
10948	allocated as follows:
10949	(1) if a local health department conducts an adjudicative proceeding under Section
10950	$\left[\frac{26-62-302}{26B-7-515}\right]$, the penalty shall be paid to the treasurer of the county in which the
10951	violation was committed, and transferred to the local health department; and
10952	(2) if the department conducts a civil hearing under Section $\left[\frac{26-62-302}{26B-7-515}\right]$
10953	the penalty shall be deposited in the state's General Fund, and may be appropriated by the
10954	Legislature to the department for use in enforcement of this [chapter] part.
10955	Section 330. Section 26B-7-521, which is renumbered from Section 26-62-401 is
10956	renumbered and amended to read:
10957	[26-62-401]. 26B-7-521. Verification of proof of age.
10958	(1) As used in this section:
10959	(a) "Employee" means an employee of a retail tobacco specialty business.
10960	(b) "Electronic verification program" means a technology used by a retail tobacco
10961	specialty business to confirm proof of age for an individual.
10962	(2) A retail tobacco specialty business shall require that an employee verify proof of
10963	age as provided in this section.

10964	(3) To comply with Subsection (2), an employee shall:
10965	(a) request the individual present proof of age; and
10966	(b) verify the validity of the proof of age electronically in accordance with Subsection
10967	(4).
10968	(4) A retail tobacco specialty business shall use an electronic verification program to
10969	assist the business in complying with the requirements of this section.
10970	(5) (a) A retail tobacco specialty business may not disclose information obtained under
10971	this section except as provided under this part.
10972	(b) Information obtained under this section:
10973	(i) shall be kept for at least 180 days; and
10974	(ii) is subject to inspection upon request by a peace officer or the representative of an
10975	enforcing agency.
10976	(6) (a) If an employee does not verify proof of age under this section, the employee
10977	may not permit an individual to:
10978	(i) except as provided in Subsection (6)(b), enter a retail tobacco specialty business; or
10979	(ii) purchase a tobacco product or an electronic cigarette product.
10980	(b) In accordance with Subsection 76-10-105.1(4), an individual who is under 21 years
10981	old may be permitted to enter a retail tobacco specialty business if the individual is:
10982	(i) accompanied by a parent or legal guardian who provides proof of age; or
10983	(ii) (A) present at the retail tobacco specialty business solely for the purpose of
10984	providing a commercial service to the retail tobacco specialty business, including making a
10985	commercial delivery;
10986	(B) monitored by the proprietor of the retail tobacco specialty business or an employee
10987	of the retail tobacco specialty business; and
10988	(C) not permitted to make any purchase or conduct any commercial transaction other
10989	than the service described in Subsection (6)(b)(ii)(A).
10990	(7) To determine whether the individual described in Subsection (2) is 21 years old or

10991	older, the following may request an individual described in Subsection (2) to present proof of
10992	age:
10993	(a) an employee;
10994	(b) a peace officer; or
10995	(c) a representative of an enforcing agency.
10996	Section 331. Coordinating S.B. 41 with S.B. 272 Substantive and technical
10997	amendments.
10998	If this S.B. 41 and S.B. 272, Funds Amendments, both pass and become law, it is the
10999	intent of the Legislature that the Office of Legislative Research and General Counsel prepare
11000	the Utah Code database for publication on July 1, 2023, by amending Subsection 26B-5-601(8)
11001	(renumbered from Section 62A-17-102) in this S.B. 41 to read:
11002	"(8) "Psychiatrist" means an individual who:
11003	(a) is licensed as a physician under Title 58, Chapter 67, Utah Medical Practice Act, or
11004	Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; and
11005	(b) is board eligible for a psychiatry specialization recognized by the American Board
11006	of Medical Specialists or the American Osteopathic Association's Bureau of Osteopathic
11007	Specialists.".
11008	Section 332. Revisor instructions.
11009	The Legislature intends that the Office of Legislative Research and General Counsel, in
11010	preparing the Utah Code database for publication:
11011	(1) not enroll this bill if any of the following bills do not pass:
11012	(a) S.B. 38, Health and Human Services Recodification - Administration, Licensing,
11013	and Recovery Services;
11014	(b) S.B. 39, Health and Human Services Recodification - Health Care Assistance and
11015	Data; or
11016	(c) S.B. 40, Health and Human Services Recodification - Health Care Delivery and
11017	Repeals: and

11018	(2) in any new language added to the Utah Code by legislation passed during the 2023
11019	General Session, replace any references to Title 26 or 62A with the renumbered reference as it
11020	is renumbered in this bill.