

COURT-ORDERED TREATMENT MODIFICATIONS

2024 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Tyler Clancy

Senate Sponsor: Curtis S. Bramble

LONG TITLE

General Description:

This bill addresses court-ordered treatment.

Highlighted Provisions:

This bill:

- requires the Utah Substance Use and Mental Health Advisory Council to study issues relating to civil commitment;
- provides a sunset date for the reporting requirement;
- requires a local mental health authority to notify a peace officer or mental health officer when certain individuals are released from temporary involuntary commitment;
- amends the amount of time an individual may be held under a temporary commitment;
- amends the criteria under which a court shall order the involuntary commitment of an individual with a mental illness;
- amends the criteria and procedure for court-ordered assisted outpatient treatment;
- amends the criteria under which a court may order the involuntary commitment of an individual with an intellectual disability;
- describes information that must be provided to an individual when the individual is discharged from involuntary commitment; and
- makes technical and conforming changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

This bill provides a special effective date.

This bill provides a coordination clause.

Utah Code Sections Affected:

AMENDS:

17-43-301 (Effective 05/01/24), as last amended by Laws of Utah 2023, Chapters 15, 327

26B-5-331 (Effective 05/01/24) (Superseded 07/01/24), as renumbered and amended by
Laws of Utah 2023, Chapter 308

26B-5-331 (Effective 07/01/24), as last amended by Laws of Utah 2023, Chapter 310 and
renumbered and amended by Laws of Utah 2023, Chapter 308

26B-5-332 (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
Chapter 308

26B-5-351 (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
Chapter 308

26B-6-607 (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
Chapter 308

26B-6-608 (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
Chapter 308

63I-2-226 (Effective 05/01/24) (Superseded 07/01/24), as last amended by Laws of Utah
2023, Chapters 33, 139, 249, 295, and 465 and repealed and reenacted by Laws of Utah 2023,
Chapter 329

63I-2-226 (Effective 07/01/24), as last amended by Laws of Utah 2023, Chapters 33, 139,
249, 295, 310, and 465 and repealed and reenacted by Laws of Utah 2023, Chapter 329 and
last amended by Coordination Clause, Laws of Utah 2023, Chapter 329

ENACTS:

26B-5-302.5 (Effective 05/01/24), Utah Code Annotated 1953

REPEALS:

26B-5-350 (Effective 05/01/24), as renumbered and amended by Laws of Utah 2023,
Chapter 308

Utah Code Sections affected by Coordination Clause:

26B-5-332, as renumbered and amended by Laws of Utah 2023, Chapter 308

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

Section 1. Section **17-43-301** is amended to read:

17-43-301 (Effective 05/01/24). Local mental health authorities -- Responsibilities.

(1) As used in this section:

(a) "Assisted outpatient treatment" means the same as that term is defined in Section
26B-5-301.

- (b) "Crisis worker" means the same as that term is defined in Section 26B-5-610.
- (c) "Local mental health crisis line" means the same as that term is defined in Section 26B-5-610.
- (d) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
- (e) "Public funds" means the same as that term is defined in Section 17-43-303.
- (f) "Statewide mental health crisis line" means the same as that term is defined in Section 26B-5-610.

- (2) (a) (i) In each county operating under a county executive-council form of government under Section 17-52a-203, the county legislative body is the local mental health authority, provided however that any contract for plan services shall be administered by the county executive.
- (ii) In each county operating under a council-manager form of government under Section 17-52a-204, the county manager is the local mental health authority.
- (iii) In each county other than a county described in Subsection (2)(a)(i) or (ii), the county legislative body is the local mental health authority.
- (b) Within legislative appropriations and county matching funds required by this section, under the direction of the division, each local mental health authority shall:
- (i) provide mental health services to individuals within the county; and
- (ii) cooperate with efforts of the division to promote integrated programs that address an individual's substance use, mental health, and physical healthcare needs, as described in Section 26B-5-102.
- (c) Within legislative appropriations and county matching funds required by this section, each local mental health authority shall cooperate with the efforts of the department to promote a system of care, as defined in Section 26B-1-102, for minors with or at risk for complex emotional and behavioral needs, as described in Section 26B-1-202.
- (3) (a) By executing an interlocal agreement under Title 11, Chapter 13, Interlocal Cooperation Act, two or more counties may join to:
- (i) provide mental health prevention and treatment services; or
- (ii) create a united local health department that combines substance use treatment services, mental health services, and local health department services in accordance with Subsection (4).
- (b) The legislative bodies of counties joining to provide services may establish acceptable ways of apportioning the cost of mental health services.
- (c) Each agreement for joint mental health services shall:

- 96 (i) (A) designate the treasurer of one of the participating counties or another
97 person as the treasurer for the combined mental health authorities and as the
98 custodian of money available for the joint services; and
99 (B) provide that the designated treasurer, or other disbursing officer authorized by
100 the treasurer, may make payments from the money available for the joint
101 services upon audit of the appropriate auditing officer or officers representing
102 the participating counties;
- 103 (ii) provide for the appointment of an independent auditor or a county auditor of one
104 of the participating counties as the designated auditing officer for the combined
105 mental health authorities;
- 106 (iii) (A) provide for the appointment of the county or district attorney of one of the
107 participating counties as the designated legal officer for the combined mental
108 health authorities; and
109 (B) authorize the designated legal officer to request and receive the assistance of
110 the county or district attorneys of the other participating counties in defending
111 or prosecuting actions within their counties relating to the combined mental
112 health authorities; and
- 113 (iv) provide for the adoption of management, clinical, financial, procurement,
114 personnel, and administrative policies as already established by one of the
115 participating counties or as approved by the legislative body of each participating
116 county or interlocal board.
- 117 (d) An agreement for joint mental health services may provide for:
- 118 (i) joint operation of services and facilities or for operation of services and facilities
119 under contract by one participating local mental health authority for other
120 participating local mental health authorities; and
- 121 (ii) allocation of appointments of members of the mental health advisory council
122 between or among participating counties.
- 123 (4) A county governing body may elect to combine the local mental health authority with
124 the local substance abuse authority created in Part 2, Local Substance Abuse Authorities,
125 and the local health department created in Title 26A, Chapter 1, Part 1, Local Health
126 Department Act, to create a united local health department under Section 26A-1-105.5.
127 A local mental health authority that joins with a united local health department shall
128 comply with this part.
- 129 (5) (a) Each local mental health authority is accountable to the department and the state

with regard to the use of state and federal funds received from those departments for mental health services, regardless of whether the services are provided by a private contract provider.

(b) Each local mental health authority shall comply, and require compliance by its contract provider, with all directives issued by the department regarding the use and expenditure of state and federal funds received from those departments for the purpose of providing mental health programs and services. The department shall ensure that those directives are not duplicative or conflicting, and shall consult and coordinate with local mental health authorities with regard to programs and services.

(6) (a) Each local mental health authority shall:

(i) review and evaluate mental health needs and services, including mental health needs and services for:

(A) an individual incarcerated in a county jail or other county correctional facility;
and

(B) an individual who is a resident of the county and who is court ordered to receive assisted outpatient treatment under Section 26B-5-351;

(ii) in accordance with Subsection (6)(b), annually prepare and submit to the division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract;

(iii) establish and maintain, either directly or by contract, programs licensed under Title 26B, Chapter 2, Part 1, Human Services Programs and Facilities;

(iv) appoint, directly or by contract, a full-time or part-time director for mental health programs and prescribe the director's duties;

(v) provide input and comment on new and revised rules established by the division;

(vi) establish and require contract providers to establish administrative, clinical, personnel, financial, procurement, and management policies regarding mental health services and facilities, in accordance with the rules of the division, and state and federal law;

(vii) establish mechanisms allowing for direct citizen input;

(viii) annually contract with the division to provide mental health programs and services in accordance with the provisions of Title 26B, Chapter 5, Health Care - Substance Use and Mental Health;

(ix) comply with all applicable state and federal statutes, policies, audit requirements, contract requirements, and any directives resulting from those audits and contract

- 164 requirements;
- 165 (x) provide funding equal to at least 20% of the state funds that it receives to fund
- 166 services described in the plan;
- 167 (xi) comply with the requirements and procedures of Title 11, Chapter 13, Interlocal
- 168 Cooperation Act, Title 17B, Chapter 1, Part 6, Fiscal Procedures for Special
- 169 Districts, and Title 51, Chapter 2a, Accounting Reports from Political
- 170 Subdivisions, Interlocal Organizations, and Other Local Entities Act; and
- 171 (xii) take and retain physical custody of minors committed to the physical custody of
- 172 local mental health authorities by a judicial proceeding under Title 26B, Chapter
- 173 5, Part 4, Commitment of Persons Under Age 18.
- 174 (b) Each plan under Subsection (6)(a)(ii) shall include services for adults, youth, and
- 175 children, which shall include:
- 176 (i) inpatient care and services;
- 177 (ii) residential care and services;
- 178 (iii) outpatient care and services;
- 179 (iv) 24-hour crisis care and services;
- 180 (v) psychotropic medication management;
- 181 (vi) psychosocial rehabilitation, including vocational training and skills development;
- 182 (vii) case management;
- 183 (viii) community supports, including in-home services, housing, family support
- 184 services, and respite services;
- 185 (ix) consultation and education services, including case consultation, collaboration
- 186 with other county service agencies, public education, and public information; and
- 187 (x) services to persons incarcerated in a county jail or other county correctional
- 188 facility.
- 189 (7) (a) If a local mental health authority provides for a local mental health crisis line
- 190 under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv),
- 191 the local mental health authority shall:
- 192 (i) collaborate with the statewide mental health crisis line described in Section
- 193 26B-5-610;
- 194 (ii) ensure that each individual who answers calls to the local mental health crisis line:
- 195 (A) is a mental health therapist or a crisis worker; and
- 196 (B) meets the standards of care and practice established by the Division of
- 197 Integrated Healthcare, in accordance with Section 26B-5-610; and

- 198 (iii) ensure that when necessary, based on the local mental health crisis line's
199 capacity, calls are immediately routed to the statewide mental health crisis line to
200 ensure that when an individual calls the local mental health crisis line, regardless
201 of the time, date, or number of individuals trying to simultaneously access the
202 local mental health crisis line, a mental health therapist or a crisis worker answers
203 the call without the caller first:
204 (A) waiting on hold; or
205 (B) being screened by an individual other than a mental health therapist or crisis
206 worker.
- 207 (b) If a local mental health authority does not provide for a local mental health crisis line
208 under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv),
209 the local mental health authority shall use the statewide mental health crisis line as a
210 local crisis line resource.
- 211 (8) Before disbursing any public funds, each local mental health authority shall require that
212 each entity that receives any public funds from a local mental health authority agrees in
213 writing that:
- 214 (a) the entity's financial records and other records relevant to the entity's performance of
215 the services provided to the mental health authority shall be subject to examination
216 by:
- 217 (i) the division;
218 (ii) the local mental health authority director;
219 (iii) (A) the county treasurer and county or district attorney; or
220 (B) if two or more counties jointly provide mental health services under an
221 agreement under Subsection (3), the designated treasurer and the designated
222 legal officer;
- 223 (iv) the county legislative body; and
224 (v) in a county with a county executive that is separate from the county legislative
225 body, the county executive;
- 226 (b) the county auditor may examine and audit the entity's financial and other records
227 relevant to the entity's performance of the services provided to the local mental health
228 authority; and
229 (c) the entity will comply with the provisions of Subsection (5)(b).
- 230 (9) A local mental health authority may receive property, grants, gifts, supplies, materials,
231 contributions, and any benefit derived therefrom, for mental health services. If those

gifts are conditioned upon their use for a specified service or program, they shall be so used.

(10) Public funds received for the provision of services pursuant to the local mental health plan may not be used for any other purpose except those authorized in the contract between the local mental health authority and the provider for the provision of plan services.

(11) A local mental health authority shall provide assisted outpatient treatment services~~[as described in Section 26B-5-350,]~~ to a resident of the county who has been ordered under Section 26B-5-351 to receive assisted outpatient treatment.

Section 2. Section **26B-5-302.5** is enacted to read:

26B-5-302.5 (Effective 05/01/24). Study concerning civil commitment and the Utah State Hospital.

(1) (a) The Utah Substance Use and Mental Health Advisory Council shall study and make recommendations concerning the need for expanded civil commitment capacity in the state, including an analysis of the anticipated impact that any changes to civil commitment standards made during the 2024 General Session will have on the number of individuals subject to civil commitment.

(b) The study and recommendations described in Subsection (1)(a) shall also address the role of the Utah State Hospital in serving patients who are subject to court-ordered treatment, including civil commitment.

(c) The study and recommendations described in Subsection (1)(a) shall also address any additional resources or services needed to decrease the likelihood that individuals who are subject to court-ordered treatment, including civil commitment, will enter or reenter the Utah State Hospital or another inpatient facility.

(2) The Utah Substance Use and Mental Health Advisory Council shall provide a report on the study and recommendations described in Subsection (1) to the Judiciary Interim Committee at or before the committee's October 2024 interim meeting.

Section 3. Section **26B-5-331** is amended to read:

26B-5-331 (Effective 05/01/24) (Superseded 07/01/24). Temporary commitment -- Requirements and procedures -- Rights.

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

(a) a written application that:

(i) is completed by a responsible individual who has reason to know, stating a belief

- 266 that the adult, due to mental illness, is likely to pose substantial danger to self or
267 others if not restrained and stating the personal knowledge of the adult's condition
268 or circumstances that lead to the individual's belief; and
- 269 (ii) includes a certification by a licensed physician, licensed physician assistant,
270 licensed nurse practitioner, or designated examiner stating that the physician,
271 physician assistant, nurse practitioner, or designated examiner has examined the
272 adult within a three-day period immediately preceding the certification, and that
273 the physician, physician assistant, nurse practitioner, or designated examiner is of
274 the opinion that, due to mental illness, the adult poses a substantial danger to self
275 or others; or
- 276 (b) a peace officer or a mental health officer:
- 277 (i) observing an adult's conduct that gives the peace officer or mental health officer
278 probable cause to believe that:
- 279 (A) the adult has a mental illness; and
280 (B) because of the adult's mental illness and conduct, the adult poses a substantial
281 danger to self or others; and
- 282 (ii) completing a temporary commitment application that:
- 283 (A) is on a form prescribed by the division;
284 (B) states the peace officer's or mental health officer's belief that the adult poses a
285 substantial danger to self or others;
286 (C) states the specific nature of the danger;
287 (D) provides a summary of the observations upon which the statement of danger is
288 based; and
289 (E) provides a statement of the facts that called the adult to the peace officer's or
290 mental health officer's attention.
- 291 (2) If at any time a patient committed under this section no longer meets the commitment
292 criteria described in Subsection (1), the local mental health authority or the local mental
293 health authority's designee shall[-] :
- 294 (a) document the change and release the patient[-] ; and
295 (b) if the patient was admitted under Subsection (1)(b), notify the peace officer or
296 mental health officer of the patient's release.
- 297 (3) [~~(a)~~] A patient committed under this section may be held for a maximum of [24] 72
298 hours after commitment, excluding Saturdays, Sundays, and legal holidays, unless:
299 [~~(i)~~] (a) as described in Section 26B-5-332, an application for involuntary commitment is

commenced, which may be accompanied by an order of detention described in Subsection 26B-5-332(4); or

~~[(ii)]~~ (b) the patient makes a voluntary application for admission~~[; or]~~ .

~~[(iii) before expiration of the 24-hour period, a licensed physician, licensed physician assistant, licensed nurse practitioner, or designated examiner examines the patient and certifies in writing that:]~~

~~[(A) the patient, due to mental illness, poses a substantial danger to self or others;]~~

~~[(B) additional time is necessary for evaluation and treatment of the patient's mental illness; and]~~

~~[(C) there is no appropriate less-restrictive alternative to commitment to evaluate and treat the patient's mental illness.]~~

~~[(b) A patient described in Subsection (3)(a)(iii) may be held for a maximum of 48 hours after the 24-hour period described in Subsection (3)(a) expires, excluding Saturdays, Sundays, and legal holidays.]~~

~~[(c) Subsection (3)(a)(iii) applies to an adult patient.]~~

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

(a) taken into a peace officer's protective custody, by reasonable means, if necessary for public safety; and

(b) transported for temporary commitment to a facility designated by the local mental health authority, by means of:

(i) an ambulance, if the adult meets any of the criteria described in Section 26B-4-119;

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

transportation arrangements are made by a physician, physician assistant, nurse practitioner, designated examiner, or mental health officer;

(iii) the city, town, or municipal law enforcement authority with jurisdiction over the location where the adult is present, if the adult is not transported by ambulance;

(iv) the county sheriff, if the designated facility is outside of the jurisdiction of the law enforcement authority described in Subsection (4)(b)(iii) and the adult is not transported by ambulance; or

(v) nonemergency secured behavioral health transport as that term is defined in Section 26B-4-101.

(5) Notwithstanding Subsection (4):

(a) an individual shall be transported by ambulance to an appropriate medical facility for

- 334 treatment if the individual requires physical medical attention;
- 335 (b) if an officer has probable cause to believe, based on the officer's experience and
- 336 de-escalation training that taking an individual into protective custody or transporting
- 337 an individual for temporary commitment would increase the risk of substantial
- 338 danger to the individual or others, a peace officer may exercise discretion to not take
- 339 the individual into custody or transport the individual, as permitted by policies and
- 340 procedures established by the officer's law enforcement agency and any applicable
- 341 federal or state statute, or case law; and
- 342 (c) if an officer exercises discretion under Subsection (4)(b) to not take an individual
- 343 into protective custody or transport an individual, the officer shall document in the
- 344 officer's report the details and circumstances that led to the officer's decision.
- 345 (6) (a) The local mental health authority shall inform an adult patient committed under
- 346 this section of the reason for commitment.
- 347 (b) An adult patient committed under this section has the right to:
- 348 (i) within three hours after arrival at the local mental health authority, make a
- 349 telephone call, at the expense of the local mental health authority, to an individual
- 350 of the patient's choice; and
- 351 (ii) see and communicate with an attorney.
- 352 (7) (a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this section.
- 353 (b) This section does not create a special duty of care.
- 354 (8) (a) A local mental health authority shall provide discharge instructions to each
- 355 individual committed under this section at or before the time the individual is
- 356 discharged from the local mental health authority's custody, regardless of whether the
- 357 individual is discharged by being released, taken into a peace officer's protective
- 358 custody, transported to a medical facility or other facility, or other circumstances.
- 359 (b) Discharge instructions provided under Subsection (8)(a) shall include:
- 360 (i) a summary of why the individual was committed to the local mental health
- 361 authority;
- 362 (ii) detailed information about why the individual is being discharged from the local
- 363 mental health authority's custody;
- 364 (iii) a safety plan for the individual based on the individual's mental illness or mental
- 365 or emotional state;
- 366 (iv) notification to the individual's primary care provider, if applicable;
- 367 (v) if the individual is discharged without food, housing, or economic security, a

- 368 referral to appropriate services, if such services exist in the individual's
369 community;
- 370 (vi) the phone number to call or text for a crisis services hotline, and information
371 about the availability of peer support services;
- 372 (vii) a copy of any psychiatric advance directive presented to the local mental health
373 authority, if applicable;
- 374 (viii) information about how to establish a psychiatric advance directive if one was
375 not presented to the local mental health authority;
- 376 (ix) as applicable, information about medications that were changed or discontinued
377 during the commitment;
- 378 (x) a list of any screening or diagnostic tests conducted during the commitment;
- 379 (xi) a summary of therapeutic treatments provided during the commitment;
- 380 (xii) any laboratory work, including blood samples or imaging, that was completed or
381 attempted during the commitment; and
- 382 (xiii) information about how to contact the local mental health authority if needed.
- 383 (c) If an individual's medications were changed, or if an individual was prescribed new
384 medications while committed under this section, discharge instructions provided
385 under Subsection (8)(a) shall include a clinically appropriate supply of medications,
386 as determined by a licensed health care provider, to allow the individual time to
387 access another health care provider or follow-up appointment.
- 388 (d) If an individual refuses to accept discharge instructions, the local mental health
389 authority shall document the refusal in the individual's medical record.
- 390 (e) If an individual's discharge instructions include referrals to services under Subsection
391 (8)(b)(v), the local mental health authority shall document those referrals in the
392 individual's medical record.
- 393 (f) The local mental health authority shall attempt to follow up with a discharged
394 individual at least 48 hours after discharge, and may use peer support professionals
395 when performing follow-up care or developing a continuing care plan.
- 396 Section 4. Section **26B-5-331** is amended to read:
- 397 **26B-5-331 (Effective 07/01/24). Temporary commitment -- Requirements and**
398 **procedures -- Rights.**
- 399 (1) An adult shall be temporarily, involuntarily committed to a local mental health authority
400 upon:
- 401 (a) a written application that:

- 402 (i) is completed by a responsible individual who has reason to know, stating a belief
403 that the adult, due to mental illness, is likely to pose substantial danger to self or
404 others if not restrained and stating the personal knowledge of the adult's condition
405 or circumstances that lead to the individual's belief; and
- 406 (ii) includes a certification by a licensed physician, licensed physician assistant,
407 licensed nurse practitioner, or designated examiner stating that the physician,
408 physician assistant, nurse practitioner, or designated examiner has examined the
409 adult within a three-day period immediately preceding the certification, and that
410 the physician, physician assistant, nurse practitioner, or designated examiner is of
411 the opinion that, due to mental illness, the adult poses a substantial danger to self
412 or others; or
- 413 (b) a peace officer or a mental health officer:
- 414 (i) observing an adult's conduct that gives the peace officer or mental health officer
415 probable cause to believe that:
- 416 (A) the adult has a mental illness; and
- 417 (B) because of the adult's mental illness and conduct, the adult poses a substantial
418 danger to self or others; and
- 419 (ii) completing a temporary commitment application that:
- 420 (A) is on a form prescribed by the division;
- 421 (B) states the peace officer's or mental health officer's belief that the adult poses a
422 substantial danger to self or others;
- 423 (C) states the specific nature of the danger;
- 424 (D) provides a summary of the observations upon which the statement of danger is
425 based; and
- 426 (E) provides a statement of the facts that called the adult to the peace officer's or
427 mental health officer's attention.
- 428 (2) If at any time a patient committed under this section no longer meets the commitment
429 criteria described in Subsection (1), the local mental health authority or the local mental
430 health authority's designee shall[-] :
- 431 (a) document the change and release the patient[-] ; and
- 432 (b) if the patient was admitted under Subsection (1)(b), notify the peace officer or
433 mental health officer of the patient's release.
- 434 (3) ~~[(a)]~~ A patient committed under this section may be held for a maximum of ~~[24]~~ 72
435 hours after commitment, excluding Saturdays, Sundays, and legal holidays, unless:

[~~(i)~~] (a) as described in Section 26B-5-332, an application for involuntary commitment is commenced, which may be accompanied by an order of detention described in Subsection 26B-5-332(4); or

[~~(ii)~~] (b) the patient makes a voluntary application for admission[~~;~~~~or~~] .

[~~(iii)~~ before expiration of the 24 hour period, a licensed physician, licensed physician assistant, licensed nurse practitioner, or designated examiner examines the patient and certifies in writing that:]

[~~(A)~~ the patient, due to mental illness, poses a substantial danger to self or others;]

[~~(B)~~ additional time is necessary for evaluation and treatment of the patient's mental illness; and]

[~~(C)~~ there is no appropriate less restrictive alternative to commitment to evaluate and treat the patient's mental illness.]

[~~(b)~~ A patient described in Subsection (3)(a)(iii) may be held for a maximum of 48 hours after the 24 hour period described in Subsection (3)(a) expires, excluding Saturdays, Sundays, and legal holidays:]

[~~(e)~~ Subsection (3)(a)(iii) applies to an adult patient.]

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

(a) taken into a peace officer's protective custody, by reasonable means, if necessary for public safety; and

(b) transported for temporary commitment to a facility designated by the local mental health authority, by means of:

(i) an ambulance, if the adult meets any of the criteria described in Section 26B-4-119;

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

transportation arrangements are made by a physician, physician assistant, nurse practitioner, designated examiner, or mental health officer;

(iii) the city, town, or municipal law enforcement authority with jurisdiction over the location where the adult is present, if the adult is not transported by ambulance;

(iv) the county sheriff, if the designated facility is outside of the jurisdiction of the law enforcement authority described in Subsection (4)(b)(iii) and the adult is not transported by ambulance; or

(v) nonemergency secured behavioral health transport as that term is defined in Section 53-2d-101.

(5) Notwithstanding Subsection (4):

- 470 (a) an individual shall be transported by ambulance to an appropriate medical facility for
471 treatment if the individual requires physical medical attention;
- 472 (b) if an officer has probable cause to believe, based on the officer's experience and
473 de-escalation training that taking an individual into protective custody or transporting
474 an individual for temporary commitment would increase the risk of substantial
475 danger to the individual or others, a peace officer may exercise discretion to not take
476 the individual into custody or transport the individual, as permitted by policies and
477 procedures established by the officer's law enforcement agency and any applicable
478 federal or state statute, or case law; and
- 479 (c) if an officer exercises discretion under Subsection (4)(b) to not take an individual
480 into protective custody or transport an individual, the officer shall document in the
481 officer's report the details and circumstances that led to the officer's decision.

482 (6) (a) The local mental health authority shall inform an adult patient committed under
483 this section of the reason for commitment.

484 (b) An adult patient committed under this section has the right to:

- 485 (i) within three hours after arrival at the local mental health authority, make a
486 telephone call, at the expense of the local mental health authority, to an individual
487 of the patient's choice; and
- 488 (ii) see and communicate with an attorney.

489 (7) (a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this section.

490 (b) This section does not create a special duty of care.

491 (8) (a) A local mental health authority shall provide discharge instructions to each
492 individual committed under this section at or before the time the individual is
493 discharged from the local mental health authority's custody, regardless of whether the
494 individual is discharged by being released, taken into a peace officer's protective
495 custody, transported to a medical facility or other facility, or other circumstances.

496 (b) Discharge instructions provided under Subsection (8)(a) shall include:

- 497 (i) a summary of why the individual was committed to the local mental health
498 authority;
- 499 (ii) detailed information about why the individual is being discharged from the local
500 mental health authority's custody;
- 501 (iii) a safety plan for the individual based on the individual's mental illness or mental
502 or emotional state;
- 503 (iv) notification to the individual's primary care provider, if applicable;

- (v) if the individual is discharged without food, housing, or economic security, a referral to appropriate services, if such services exist in the individual's community;
- (vi) the phone number to call or text for a crisis services hotline, and information about the availability of peer support services;
- (vii) a copy of any psychiatric advance directive presented to the local mental health authority, if applicable;
- (viii) information about how to establish a psychiatric advance directive if one was not presented to the local mental health authority;
- (ix) as applicable, information about medications that were changed or discontinued during the commitment;
- (x) a list of any screening or diagnostic tests conducted during the commitment;
- (xi) a summary of therapeutic treatments provided during the commitment;
- (xii) any laboratory work, including blood samples or imaging, that was completed or attempted during the commitment; and
- (xiii) information about how to contact the local mental health authority if needed.
- (c) If an individual's medications were changed, or if an individual was prescribed new medications while committed under this section, discharge instructions provided under Subsection (8)(a) shall include a clinically appropriate supply of medications, as determined by a licensed health care provider, to allow the individual time to access another health care provider or follow-up appointment.
- (d) If an individual refuses to accept discharge instructions, the local mental health authority shall document the refusal in the individual's medical record.
- (e) If an individual's discharge instructions include referrals to services under Subsection (8)(b)(v), the local mental health authority shall document those referrals in the individual's medical record.
- (f) The local mental health authority shall attempt to follow up with a discharged individual at least 48 hours after discharge, and may use peer support professionals when performing follow-up care or developing a continuing care plan.

The following section is affected by a coordination clause at the end of this bill.

Section 5. Section **26B-5-332** is amended to read:

26B-5-332 (Effective 05/01/24). Involuntary commitment under court order -- Examination -- Hearing -- Power of court -- Findings required -- Costs.

(1) A responsible individual who has credible knowledge of an adult's mental illness and

the condition or circumstances that have led to the adult's need to be involuntarily committed may initiate an involuntary commitment court proceeding by filing, in the court in the county where the proposed patient resides or is found, a written application that includes:

(a) unless the court finds that the information is not reasonably available, the proposed patient's:

(i) name;

(ii) date of birth; and

(iii) social security number;

(b) (i) a certificate of a licensed physician or a designated examiner stating that within the seven-day period immediately preceding the certification, the physician or designated examiner examined the proposed patient and is of the opinion that the proposed patient has a mental illness and should be involuntarily committed; or
(ii) a written statement by the applicant that:

(A) the proposed patient has been requested to, but has refused to, submit to an examination of mental condition by a licensed physician or designated examiner;

(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 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

572 involuntary commitment pending examination and hearing; or

573 (b) the proposed patient refuses to submit to an interview with a mental health
574 professional as directed by the court or to go to a treatment facility voluntarily.

575 (4) (a) The court shall provide notice of commencement of proceedings for involuntary
576 commitment, setting forth the allegations of the application and any reported facts,
577 together with a copy of any official order of detention, to a proposed patient before,
578 or upon, placement of the proposed patient in the custody of a local mental health
579 authority or, with respect to any proposed patient presently in the custody of a local
580 mental health authority whose status is being changed from voluntary to involuntary,
581 upon the filing of an application for that purpose with the court.

582 (b) The place of detention shall maintain a copy of the order of detention.

583 (5) (a) The court shall provide notice of commencement of proceedings for involuntary
584 commitment as soon as practicable to the applicant, any legal guardian, any
585 immediate adult family members, legal counsel for the parties involved, the local
586 mental health authority or the local mental health authority's designee, and any other
587 persons whom the proposed patient or the court designates.

588 (b) Except as provided in Subsection (5)(c), the notice under Subsection (5)(a) shall
589 advise the persons that a hearing may be held within the time provided by law.

590 (c) If the proposed patient refuses to permit release of information necessary for
591 provisions of notice under this subsection, the court shall determine the extent of
592 notice.

593 (6) Proceedings for commitment of an individual under 18 years old to a local mental health
594 authority may be commenced in accordance with Part 4, Commitment of Persons Under
595 Age 18.

596 (7) (a) The court may, in the court's discretion, transfer the case to any other district
597 court within this state, if the transfer will not be adverse to the interest of the
598 proposed patient.

599 (b) If a case is transferred under Subsection (7)(a), the parties to the case may be
600 transferred and the local mental health authority may be substituted in accordance
601 with Utah Rules of Civil Procedure, Rule 25.

602 (8) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance of a
603 judicial order, or after commitment of a proposed patient to a local mental health
604 authority or the local mental health authority's designee under court order for detention
605 or examination, the court shall appoint two designated examiners:

- 606 (a) who did not sign the civil commitment application nor the civil commitment
607 certification under Subsection (1);
608 (b) one of whom is a licensed physician; and
609 (c) one of whom may be designated by the proposed patient or the proposed patient's
610 counsel, if that designated examiner is reasonably available.

611 (9) The court shall schedule a hearing to be held within 10 calendar days after the day on
612 which the designated examiners are appointed.

613 (10) (a) The designated examiners shall:

- 614 (i) conduct the examinations separately;
615 (ii) conduct the examinations at the home of the proposed patient, at a hospital or
616 other medical facility, or at any other suitable place, including through telehealth,
617 that is not likely to have a harmful effect on the proposed patient's health;
618 (iii) inform the proposed patient, if not represented by an attorney:
619 (A) that the proposed patient does not have to say anything;
620 (B) of the nature and reasons for the examination;
621 (C) that the examination was ordered by the court;
622 (D) that any information volunteered could form part of the basis for the proposed
623 patient's involuntary commitment;
624 (E) that findings resulting from the examination will be made available to the
625 court; and
626 (F) that the designated examiner may, under court order, obtain the proposed
627 patient's mental health records; and
628 (iv) within 24 hours of examining the proposed patient, report to the court, orally or
629 in writing, whether the proposed patient is mentally ill, has agreed to voluntary
630 commitment, as described in Section 26B-5-360, or has acceptable programs
631 available to the proposed patient without court proceedings.

632 (b) If a designated examiner reports orally under Subsection (10)(a), the designated
633 examiner shall immediately send a written report to the clerk of the court.

634 (11) If a designated examiner is unable to complete an examination on the first attempt
635 because the proposed patient refuses to submit to the examination, the court shall fix a
636 reasonable compensation to be paid to the examiner.

637 (12) If the local mental health authority, the local mental health authority's designee, or a
638 medical examiner determines before the court hearing that the conditions justifying the
639 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 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 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

674 offered, subject to the rules of evidence, including reliable hearsay under Utah Rules
675 of Evidence, Rule 1102.

676 (e) (i) A local mental health authority or the local mental health authority's designee
677 or the physician in charge of the proposed patient's care shall, at the time of the
678 hearing, provide the court with the following information:

679 (A) the detention order;

680 (B) admission notes;

681 (C) the diagnosis;

682 (D) any doctors' orders;

683 (E) progress notes;

684 (F) nursing notes;

685 (G) medication records pertaining to the current commitment; and

686 (H) whether the proposed patient has previously been civilly committed or under
687 an order for assisted outpatient treatment.

688 (ii) The information described in Subsection (15)(e)(i) shall also be supplied to the
689 proposed patient's counsel at the time of the hearing, and at any time prior to the
690 hearing upon request.

691 (16) (a) The court shall order commitment of an adult proposed patient to a local mental
692 health authority if, upon completion of the hearing and consideration of the
693 information presented, the court finds by clear and convincing evidence that:

694 (i) ~~[the proposed patient has a mental illness]~~ as a result of mental illness and based on
695 recent actions, omissions, or behaviors, the proposed patient.[:]

696 (A) poses a substantial danger to self or others; or

697 (B) lacks the ability to engage in a rational decision-making process regarding the
698 acceptance of mental treatment as demonstrated by evidence of inability to
699 weigh the possible risks of accepting or rejecting treatment;

700 ~~[(ii) because of the proposed patient's mental illness the proposed patient poses a~~
701 ~~substantial danger to self or others;]~~

702 ~~[(iii) the proposed patient lacks the ability to engage in a rational decision-making~~
703 ~~process regarding the acceptance of mental treatment as demonstrated by evidence~~
704 ~~of inability to weigh the possible risks of accepting or rejecting treatment;]~~

705 ~~[(iv)]~~ (ii) there is no appropriate less-restrictive alternative to a court order of
706 commitment; and

707 ~~[(v)]~~ (iii) the local mental health authority can provide the proposed patient with

- 708 treatment that is adequate and appropriate to the proposed patient's conditions and
709 needs.
- 710 (b) (i) If, at the hearing, the court determines that the proposed patient has a mental
711 illness but does not meet the other criteria described in Subsection (16)(a), the
712 court may consider whether the proposed patient meets the criteria for assisted
713 outpatient treatment under Section 26B-5-351.
- 714 (ii) The court may order the proposed patient to receive assisted outpatient treatment
715 in accordance with Section 26B-5-351 if, at the hearing, the court finds the
716 proposed patient meets the criteria for assisted outpatient treatment under Section
717 26B-5-351.
- 718 (iii) If the court determines that neither the criteria for commitment under Subsection
719 (16)(a) nor the criteria for assisted outpatient treatment under Section 26B-5-351
720 are met, the court shall dismiss the proceedings after the hearing.
- 721 (c) The court shall maintain a list of patients proposed for civil commitment who qualify
722 for civil commitment under Subsections (16)(a)(i) and (ii), but for whom the local
723 mental health authority is unable to provide treatment as described in Subsection
724 (16)(a)(iii).
- 725 (17) (a) (i) The order of commitment shall designate the period for which the patient
726 shall be treated.
- 727 (ii) If the patient is not under an order of commitment at the time of the hearing, the
728 patient's treatment period may not exceed six months without a review hearing.
- 729 (iii) Upon a review hearing, to be commenced before the expiration of the previous
730 order of commitment, an order for commitment may be for an indeterminate
731 period, if the court finds by clear and convincing evidence that the criteria
732 described in Subsection (16) will last for an indeterminate period.
- 733 (b) (i) The court shall maintain a current list of all patients under the court's order of
734 commitment and review the list to determine those patients who have been under
735 an order of commitment for the court designated period.
- 736 (ii) At least two weeks before the expiration of the designated period of any order of
737 commitment still in effect, the court that entered the original order of commitment
738 shall inform the appropriate local mental health authority or the local mental
739 health authority's designee of the expiration.
- 740 (iii) Upon receipt of the information described in Subsection (17)(b)(ii), the local
741 mental health authority or the local mental health authority's designee shall

- 742 immediately reexamine the reasons upon which the order of commitment was
743 based.
- 744 (iv) If, after reexamination under Subsection (17)(b)(iii), the local mental health
745 authority or the local mental health authority's designee determines that the
746 conditions justifying commitment no longer exist, the local mental health
747 authority or the local mental health authority's designee shall discharge the patient
748 from involuntary commitment and immediately report the discharge to the court.
- 749 (v) If, after reexamination under Subsection (17)(b)(iii), the local mental health
750 authority or the local mental health authority's designee determines that the
751 conditions justifying commitment continue to exist, the court shall immediately
752 appoint two designated examiners and proceed under Subsections (8) through (14).
- 753 (c) (i) The local mental health authority or the local mental health authority's
754 designee responsible for the care of a patient under an order of commitment for an
755 indeterminate period shall, at six-month intervals, reexamine the reasons upon
756 which the order of indeterminate commitment was based.
- 757 (ii) If the local mental health authority or the local mental health authority's designee
758 determines that the conditions justifying commitment no longer exist, the local
759 mental health authority or the local mental health authority's designee shall
760 discharge the patient from the local mental health authority's or the local mental
761 health authority designee's custody and immediately report the discharge to the
762 court.
- 763 (iii) If the local mental health authority or the local mental health authority's designee
764 determines that the conditions justifying commitment continue to exist, the local
765 mental health authority or the local mental health authority's designee shall send a
766 written report of the findings to the court.
- 767 (iv) A patient and the patient's counsel of record shall be notified in writing that the
768 involuntary commitment will be continued under Subsection (17)(c)(iii), the
769 reasons for the decision to continue, and that the patient has the right to a review
770 hearing by making a request to the court.
- 771 (v) Upon receiving a request under Subsection (17)(c)(iv), the court shall
772 immediately appoint two designated examiners and proceed under Subsections (8)
773 through (14).
- 774 (18) (a) Any patient committed as a result of an original hearing or a patient's legally
775 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.

(20) (a) A local mental health authority shall provide discharge instructions to each individual committed under this section at or before the time the individual is discharged from the local mental health authority's custody, regardless of the circumstances under which the individual is discharged.

(b) Discharge instructions provided under Subsection (20)(a) shall include:

(i) a summary of why the individual was committed to the local mental health authority;

(ii) detailed information about why the individual is being discharged from the local mental health authority's custody;

(iii) a safety plan for the individual based on the individual's mental illness or mental or emotional state;

(iv) notification to the individual's primary care provider, if applicable;

(v) if the individual is discharged without food, housing, or economic security, a referral to appropriate services, if such services exist in the individual's community;

(vi) the phone number to call or text for a crisis services hotline, and information about the availability of peer support services;

(vii) a copy of any psychiatric advance directive presented to the local mental health authority, if applicable;

(viii) information about how to establish a psychiatric advance directive if one was not presented to the local mental health authority;

(ix) as applicable, information about medications that were changed or discontinued during the commitment;

(x) a list of any screening or diagnostic tests conducted during the commitment;

(xi) a summary of therapeutic treatments provided during the commitment;

(xii) any laboratory work, including blood samples or imaging, that was completed or attempted during the commitment; and

(xiii) information about how to contact the local mental health authority if needed.

(c) If an individual's medications were changed, or if an individual was prescribed new medications while committed under this section, discharge instructions provided under Subsection (20)(a) shall include a clinically appropriate supply of medications, as determined by a licensed health care provider, to allow the individual time to access another health care provider or follow-up appointment.

(d) If an individual refuses to accept discharge instructions, the local mental health authority shall document the refusal in the individual's medical record.

(e) If an individual's discharge instructions include referrals to services under Subsection (20)(b)(v), the local mental health authority shall document those referrals in the individual's medical record.

(f) The local mental health authority shall attempt to follow up with a discharged individual at least 48 hours after discharge, and may use peer support professionals when performing follow-up care or developing a continuing care plan.

Section 6. Section **26B-5-351** is amended to read:

26B-5-351 (Effective 05/01/24). Assisted outpatient treatment proceedings.

(1) A responsible individual who has credible knowledge of an adult's mental illness and the condition or circumstances that have led to the adult's need for assisted outpatient treatment may file, in the court in the county where the proposed patient resides or is found, a written application that includes:

(a) unless the court finds that the information is not reasonably available, the proposed patient's:

(i) name;

(ii) date of birth; and

(iii) social security number; and

(b) (i) a certificate of a licensed physician or a designated examiner stating that within the seven-day period immediately preceding the certification, the physician or designated examiner examined the proposed patient and is of the opinion that the proposed patient has a mental illness and should be involuntarily committed; or
(ii) a written statement by the applicant that:

(A) the proposed patient has been requested to, but has refused to, submit to an examination of mental condition by a licensed physician or designated

- 844 examiner;
- 845 (B) is sworn to under oath; and
- 846 (C) states the facts upon which the application is based.
- 847 (2) (a) Subject to Subsection (2)(b), before issuing a judicial order, the court may require
- 848 the applicant to consult with the appropriate local mental health authority, and the
- 849 court may direct a mental health professional from that local mental health authority
- 850 to interview the applicant and the proposed patient to determine the existing facts and
- 851 report them to the court.
- 852 (b) The consultation described in Subsection (2)(a):
- 853 (i) may take place at or before the hearing; and
- 854 (ii) is required if the local mental health authority appears at the hearing.
- 855 (3) If the proposed patient refuses to submit to an interview described in Subsection (2)(a)
- 856 or an examination described in Subsection (8), the court may issue an order, directed to
- 857 a mental health officer or peace officer, to immediately place the proposed patient into
- 858 the custody of a local mental health authority or in a temporary emergency facility, as
- 859 provided in Section 26B-5-334, to be detained for the purpose of examination.
- 860 (4) Notice of commencement of proceedings for assisted outpatient treatment, setting forth
- 861 the allegations of the application and any reported facts, together with a copy of any
- 862 official order of detention, shall:
- 863 (a) be provided by the court to a proposed patient before, or upon, placement into the
- 864 custody of a local mental health authority or, with respect to any proposed patient
- 865 presently in the custody of a local mental health authority;
- 866 (b) be maintained at the proposed patient's place of detention, if any;
- 867 (c) be provided by the court as soon as practicable to the applicant, any legal guardian,
- 868 any immediate adult family members, legal counsel for the parties involved, the local
- 869 mental health authority or its designee, and any other person whom the proposed
- 870 patient or the court shall designate; and
- 871 (d) advise that a hearing may be held within the time provided by law.
- 872 (5) The court may, in its discretion, transfer the case to any other court within this state,
- 873 provided that the transfer will not be adverse to the interest of the proposed patient.
- 874 (6) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance of a
- 875 judicial order, or after commitment of a proposed patient to a local mental health
- 876 authority or its designee under court order for detention in order to complete an
- 877 examination, the court shall appoint two designated examiners:

- 878 (a) who did not sign the assisted outpatient treatment application nor the certification
879 described in Subsection (1);
- 880 (b) one of whom is a licensed physician; and
- 881 (c) one of whom may be designated by the proposed patient or the proposed patient's
882 counsel, if that designated examiner is reasonably available.
- 883 (7) The court shall schedule a hearing to be held within 10 calendar days of the day on
884 which the designated examiners are appointed.
- 885 (8) The designated examiners shall:
- 886 (a) conduct their examinations separately;
- 887 (b) conduct the examinations at the home of the proposed patient, at a hospital or other
888 medical facility, or at any other suitable place that is not likely to have a harmful
889 effect on the proposed patient's health;
- 890 (c) inform the proposed patient, if not represented by an attorney:
- 891 (i) that the proposed patient does not have to say anything;
- 892 (ii) of the nature and reasons for the examination;
- 893 (iii) that the examination was ordered by the court;
- 894 (iv) that any information volunteered could form part of the basis for the proposed
895 patient to be ordered to receive assisted outpatient treatment; and
- 896 (v) that findings resulting from the examination will be made available to the court;
897 and
- 898 (d) within 24 hours of examining the proposed patient, report to the court, orally or in
899 writing, whether the proposed patient is mentally ill. If the designated examiner
900 reports orally, the designated examiner shall immediately send a written report to the
901 clerk of the court.
- 902 (9) If a designated examiner is unable to complete an examination on the first attempt
903 because the proposed patient refuses to submit to the examination, the court shall fix a
904 reasonable compensation to be paid to the examiner.
- 905 (10) If the local mental health authority, its designee, or a medical examiner determines
906 before the court hearing that the conditions justifying the findings leading to an assisted
907 outpatient treatment hearing no longer exist, the local mental health authority, its
908 designee, or the medical examiner shall immediately report that determination to the
909 court.
- 910 (11) The court may terminate the proceedings and dismiss the application at any time,
911 including prior to the hearing, if the designated examiners or the local mental health

912 authority or its designee informs the court that the proposed patient does not meet the
913 criteria in Subsection (14).

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

920 (13) (a) All persons to whom notice is required to be given shall be afforded an
921 opportunity to appear at the hearing, to testify, and to present and cross-examine
922 witnesses. The court may, in its discretion, receive the testimony of any other
923 individual. The court may allow a waiver of the proposed patient's right to appear for
924 good cause, which cause shall be set forth in the record, or an informed waiver by the
925 patient, which shall be included in the record.

926 (b) The court is authorized to exclude all individuals not necessary for the conduct of the
927 proceedings and may, upon motion of counsel, require the testimony of each
928 examiner to be given out of the presence of any other examiners.

929 (c) The hearing shall be conducted in as informal a manner as may be consistent with
930 orderly procedure, and in a physical setting that is not likely to have a harmful effect
931 on the mental health of the proposed patient.

932 (d) The court shall consider all relevant historical and material information that is
933 offered, subject to the rules of evidence, including reliable hearsay under Rule 1102,
934 Utah Rules of Evidence.

935 (e) (i) A local mental health authority or its designee, or the physician in charge of
936 the proposed patient's care shall, at the time of the hearing, provide the court with
937 the following information:

938 (A) the detention order, if any;

939 (B) admission notes, if any;

940 (C) the diagnosis, if any;

941 (D) doctor's orders, if any;

942 (E) progress notes, if any;

943 (F) nursing notes, if any; and

944 (G) medication records, if any.

945 (ii) The information described in Subsection (13)(e)(i) shall also be provided to the

- 946 proposed patient's counsel:
- 947 (A) at the time of the hearing; and
- 948 (B) at any time prior to the hearing, upon request.
- 949 (14) The court shall order a proposed patient to assisted outpatient treatment if, upon
- 950 completion of the hearing and consideration of the information presented, the court finds
- 951 by clear and convincing evidence that:
- 952 (a) ~~[the proposed patient has]~~ as a result of a mental illness and based on recent actions,
- 953 omissions, or behaviors, the proposed patient:
- 954 (i) lacks the ability to engage in a rational decision-making process regarding the
- 955 acceptance of mental health treatment, as demonstrated by evidence of inability to
- 956 weigh the possible risks of accepting or rejecting treatment; or
- 957 (ii) needs assisted outpatient treatment in order to prevent relapse or deterioration that
- 958 is likely to result in the proposed patient posing a substantial danger to self or
- 959 others; and
- 960 (b) there is no appropriate less-restrictive alternative to a court order for assisted
- 961 outpatient treatment~~[: and]~~ .
- 962 ~~[(e) (i) the proposed patient lacks the ability to engage in a rational decision-making~~
- 963 ~~process regarding the acceptance of mental health treatment, as demonstrated by~~
- 964 ~~evidence of inability to weigh the possible risks of accepting or rejecting treatment; or]~~
- 965 ~~[(ii) the proposed patient needs assisted outpatient treatment in order to prevent relapse~~
- 966 ~~or deterioration that is likely to result in the proposed patient posing a substantial~~
- 967 ~~danger to self or others.]~~
- 968 (15) A court order for assisted outpatient treatment does not create an independent authority
- 969 to forcibly medicate a patient.
- 970 (16) The court may order the applicant or a close relative of the patient to be the patient's
- 971 personal representative, as described in 45 C.F.R. Sec. 164.502(g), for purposes of the
- 972 patient's mental health treatment.
- 973 ~~[(16)]~~ (17) In the absence of the findings described in Subsection (14), the court, after the
- 974 hearing, shall dismiss the proceedings.
- 975 ~~[(17)]~~ (18) (a) The assisted outpatient treatment order shall designate the period for
- 976 which the patient shall be treated, which may not exceed 12 months without a review
- 977 hearing.
- 978 (b) At a review hearing, the court may extend the duration of an assisted outpatient
- 979 treatment order by up to 12 months, if:

- 980 (i) the court finds by clear and convincing evidence that the patient meets the
981 conditions described in Subsection (14); or
982 (ii) (A) the patient does not appear at the review hearing;
983 (B) notice of the review hearing was provided to the patient's last known address
984 by the applicant described in Subsection (1) or by a local mental health
985 authority; and
986 (C) the patient has appeared in court or signed an informed waiver within the
987 previous 18 months.

988 (c) The court shall maintain a current list of all patients under its order of assisted
989 outpatient treatment.

990 (d) At least two weeks prior to the expiration of the designated period of any assisted
991 outpatient treatment order still in effect, the court that entered the original order shall
992 inform the appropriate local mental health authority or its designee.

993 ~~[(18)]~~ (19) Costs of all proceedings under this section shall be paid by the county in which
994 the proposed patient resides or is found.

995 ~~[(19)]~~ (20) A court may not hold an individual in contempt for failure to comply with an
996 assisted outpatient treatment order.

997 ~~[(20)]~~ (21) As provided in Section 31A-22-651, a health insurance provider may not deny an
998 insured the benefits of the insured's policy solely because the health care that the insured
999 receives is provided under a court order for assisted outpatient treatment.

1000 Section 7. Section **26B-6-607** is amended to read:

1001 **26B-6-607 (Effective 05/01/24). Temporary emergency commitment --**

1002 **Observation and evaluation.**

1003 (1) The director of the division or his designee may temporarily commit an individual to the
1004 division and therefore, as a matter of course, to an intermediate care facility for people
1005 with an intellectual disability for observation and evaluation upon:

- 1006 (a) written application by a responsible person who has reason to know that the
1007 individual is in need of commitment, stating:
1008 (i) a belief that the individual has an intellectual disability and is likely to cause
1009 serious injury to self or others if not immediately committed;
1010 (ii) personal knowledge of the individual's condition; and
1011 (iii) the circumstances supporting that belief; or
1012 (b) certification by a licensed physician or designated intellectual disability professional
1013 stating that the physician or designated intellectual disability professional:

- 1014 (i) has examined the individual within a three-day period immediately preceding the
1015 certification; and
- 1016 (ii) is of the opinion that the individual has an intellectual disability, and that because
1017 of the individual's intellectual disability is likely to injure self or others if not
1018 immediately committed.
- 1019 (2) If the individual in need of commitment is not placed in the custody of the director or
1020 the director's designee by the person submitting the application, the director's or the
1021 director's designee may certify, either in writing or orally that the individual is in need of
1022 immediate commitment to prevent injury to self or others.
- 1023 (3) Upon receipt of the application required by Subsection (1)(a) and the certifications
1024 required by Subsections (1)(b) and (2), a peace officer may take the individual named in
1025 the application and certificates into custody, and may transport the individual to a
1026 designated intermediate care facility for people with an intellectual disability.
- 1027 (4) (a) An individual committed under this section may be held for a maximum of ~~[24]~~ 72
1028 hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that
1029 time, the individual shall be released unless proceedings for involuntary commitment
1030 have been commenced under Section 26B-6-608.
- 1031 (b) After proceedings for involuntary commitment have been commenced the individual
1032 shall be released unless an order of detention is issued in accordance with Section
1033 26B-6-608.
- 1034 (5) If an individual is committed to the division under this section on the application of any
1035 person other than the individual's legal guardian, spouse, parent, or next of kin, the
1036 director or his designee shall immediately give notice of the commitment to the
1037 individual's legal guardian, spouse, parent, or next of kin, if known.
- 1038 (6) (a) The division or an intermediate care facility shall provide discharge instructions
1039 to each individual committed under this section at or before the time the individual is
1040 discharged from the custody of the division or intermediate care facility, regardless of
1041 whether the individual is discharged by being released or under other circumstances.
- 1042 (b) Discharge instructions provided under Subsection (6)(a) shall include:
- 1043 (i) a summary of why the individual was committed;
- 1044 (ii) detailed information about why the individual is being discharged;
- 1045 (iii) a safety plan for the individual based on the individual's intellectual disability
1046 and condition;
- 1047 (iv) notification to the individual's primary care provider, if applicable;

- (v) if the individual is discharged without food, housing, or economic security, a referral to appropriate services, if such services exist in the individual's community;
- (vi) the phone number to call or text for a crisis services hotline, and information about the availability of peer support services;
- (vii) a copy of any advance directive presented to the local mental health authority, if applicable;
- (viii) information about how to establish an advance directive if one was not presented to the division or intermediate care facility;
- (ix) as applicable, information about medications that were changed or discontinued during the commitment;
- (x) a list of any screening or diagnostic tests conducted during the commitment;
- (xi) a summary of therapeutic treatments provided during the commitment;
- (xii) any laboratory work, including blood samples or imaging, that was completed or attempted during the commitment; and
- (xiii) information about how to contact the division or intermediate care facility if needed.
- (c) If an individual's medications were changed, or if an individual was prescribed new medications while committed under this section, discharge instructions provided under Subsection (6)(a) shall include a clinically appropriate supply of medications, as determined by a licensed health care provider, to allow the individual time to access another health care provider or follow-up appointment.
- (d) If an individual refuses to accept discharge instructions, the division or intermediate care facility shall document the refusal in the individual's medical record.
- (e) If an individual's discharge instructions include referrals to services under Subsection (6)(b)(v), the division or intermediate care facility shall document those referrals in the individual's medical record.
- (f) The division shall attempt to follow up with a discharged individual at least 48 hours after discharge, and may use peer support professionals when performing follow-up care or developing a continuing care plan.

Section 8. Section **26B-6-608** is amended to read:

26B-6-608 (Effective 05/01/24). 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 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

- 1116 (d) the individual refused to voluntarily go to the division or to an intermediate care
1117 facility for people with an intellectual disability recommended by the division.
- 1118 (4) (a) If the court issues a detention order based on an application that did not include a
1119 certification by a designated intellectual disability professional or physician in
1120 accordance with Subsection (1)(a), the director or his designee shall within 24 hours
1121 after issuance of the detention order, excluding Saturdays, Sundays, and legal
1122 holidays, examine the individual, report the results of the examination to the court
1123 and inform the court:
- 1124 (i) whether the director or his designee believes that the individual has an intellectual
1125 disability; and
- 1126 (ii) whether appropriate treatment programs are available and will be used by the
1127 individual without court proceedings.
- 1128 (b) If the report of the director or his designee is based on an oral report of the examiner,
1129 the examiner shall immediately send the results of the examination in writing to the
1130 clerk of the court.
- 1131 (5) Immediately after an individual is involuntarily committed under a detention order or
1132 under Section 26B-6-607, the director or his designee shall inform the individual, orally
1133 and in writing, of his right to communicate with an attorney. If an individual desires to
1134 communicate with an attorney, the director or his designee shall take immediate steps to
1135 assist the individual in contacting and communicating with an attorney.
- 1136 (6) (a) Immediately after commencement of proceedings for involuntary commitment,
1137 the court shall give notice of commencement of the proceedings to:
- 1138 (i) the individual to be committed;
- 1139 (ii) the applicant;
- 1140 (iii) any legal guardian of the individual;
- 1141 (iv) adult members of the individual's immediate family;
- 1142 (v) legal counsel of the individual to be committed, if any;
- 1143 (vi) the division; and
- 1144 (vii) any other person to whom the individual requests, or the court designates, notice
1145 to be given.
- 1146 (b) If an individual cannot or refuses to disclose the identity of persons to be notified,
1147 the extent of notice shall be determined by the court.
- 1148 (7) That notice shall:
- 1149 (a) set forth the allegations of the petition and all supporting facts;

- (b) be accompanied by a copy of any detention order issued under Subsection (3); and
(c) state that a hearing will be held within the time provided by law, and give the time and place for that hearing.

(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:

- (a) there are no appropriate facilities for persons with an intellectual disability within the judicial district; and
(b) the transfer will not be adverse to the interests of the individual.

(9) (a) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, after any order or commitment under a detention order, the court shall appoint two designated intellectual disability professionals to examine the individual. If requested by the individual's counsel, the court shall appoint a reasonably available, qualified person designated by counsel to be one of the examining designated intellectual disability professionals. The examinations shall be conducted:

- (i) separately;
(ii) at the home of the individual to be committed, a hospital, an intermediate care facility for people with an intellectual disability, or any other suitable place not likely to have a harmful effect on the individual; and
(iii) within a reasonable period of time after appointment of the examiners by the court.

(b) The court shall set a time for a hearing to be held within 10 court days of the appointment of the examiners. However, the court may immediately terminate the proceedings and dismiss the application if, prior to the hearing date, the examiners, the director, or his designee informs the court that:

- (i) the individual does not have an intellectual disability; or
(ii) treatment programs are available and will be used by the individual without court proceedings.

(10) (a) Each individual has the right to be represented by counsel at the commitment hearing and in all preliminary proceedings. If neither the individual nor others provide counsel, the court shall appoint counsel and allow sufficient time for counsel to consult with the individual prior to any hearing.

(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.

- (11) The division or a designated intellectual disability professional in charge of the individual's care shall provide all documented information on the individual to be committed and to the court at the time of the hearing. The individual's attorney shall have access to all documented information on the individual at the time of and prior to the hearing.
- (12) (a) The court shall provide an opportunity to the individual, the petitioner, and all other persons to whom notice is required to be given to appear at the hearing, to testify, and to present and cross-examine witnesses.
- (b) The court may, in its discretion:
- (i) receive the testimony of any other person;
 - (ii) allow a waiver of the right to appear only for good cause shown;
 - (iii) exclude from the hearing all persons not necessary to conduct the proceedings; and
 - (iv) upon motion of counsel, require the testimony of each examiner to be given out of the presence of any other examiner.
- (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 individual. The Utah Rules of Evidence apply, and the hearing shall be a matter of court record. A verbatim record of the proceedings shall be maintained.
- (13) The court may order commitment if, upon completion of the hearing and consideration of the record, it finds by clear and convincing evidence that all of the following conditions are met:
- (a) the individual to be committed has an intellectual disability;
 - (b) because of the individual's intellectual disability one or more of the following conditions exist:
 - (i) the individual poses an immediate danger of physical injury to self or others;
 - (ii) the individual lacks the capacity to provide the basic necessities of life, such as food, clothing, or shelter; or
 - (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

- 1218 to it;
- 1219 (c) there is no appropriate, less restrictive alternative reasonably available; and
- 1220 (d) the division or the intermediate care facility for people with an intellectual disability
- 1221 recommended by the division in which the individual is to be committed can provide
- 1222 the individual with treatment, care, habilitation, or rehabilitation that is adequate and
- 1223 appropriate to the individual's condition and needs.
- 1224 (14) In the absence of any of the required findings by the court, described in Subsection
- 1225 (13), the court shall dismiss the proceedings.
- 1226 (15) (a) The order of commitment shall designate the period for which the individual
- 1227 will be committed. An initial commitment may not exceed six months. Before the
- 1228 end of the initial commitment period, the administrator of the intermediate care
- 1229 facility for people with an intellectual disability shall commence a review hearing on
- 1230 behalf of the individual.
- 1231 (b) At the conclusion of the review hearing, the court may issue an order of commitment
- 1232 for up to a one-year period.
- 1233 (16) An individual committed under this part has the right to a rehearing, upon filing a
- 1234 petition with the court within 30 days after entry of the court's order. If the petition for
- 1235 rehearing alleges error or mistake in the court's findings, the court shall appoint one
- 1236 impartial licensed physician and two impartial designated intellectual disability
- 1237 professionals who have not previously been involved in the case to examine the
- 1238 individual. The rehearing shall, in all other respects, be conducted in accordance with
- 1239 this part.
- 1240 (17) (a) The court shall maintain a current list of all individuals under its orders of
- 1241 commitment. That list shall be reviewed in order to determine those patients who
- 1242 have been under an order of commitment for the designated period.
- 1243 (b) At least two weeks prior to the expiration of the designated period of any
- 1244 commitment order still in effect, the court that entered the original order shall inform
- 1245 the director of the division of the impending expiration of the designated
- 1246 commitment period.
- 1247 (c) The staff of the division shall immediately:
- 1248 (i) reexamine the reasons upon which the order of commitment was based and report
- 1249 the results of the examination to the court;
- 1250 (ii) discharge the resident from involuntary commitment if the conditions justifying
- 1251 commitment no longer exist; and

- 1252 (iii) immediately inform the court of any discharge.
- 1253 (d) If the director of the division reports to the court that the conditions justifying
- 1254 commitment no longer exist, and the administrator of the intermediate care facility
- 1255 for people with an intellectual disability does not discharge the individual at the end
- 1256 of the designated period, the court shall order the immediate discharge of the
- 1257 individual, unless involuntary commitment proceedings are again commenced in
- 1258 accordance with this section.
- 1259 (e) If the director of the division, or the director's designee reports to the court that the
- 1260 conditions designated in Subsection (13) still exist, the court may extend the
- 1261 commitment order for up to one year. At the end of any extension, the individual
- 1262 must be reexamined in accordance with this section, or discharged.
- 1263 (18) When a resident is discharged under this subsection, the division shall provide any
- 1264 further support services available and required to meet the resident's needs.
- 1265 (19) (a) The division or an intermediate care facility shall provide discharge instructions
- 1266 to each individual committed under this section at or before the time the individual is
- 1267 discharged from the custody of the division or intermediate care facility, regardless of
- 1268 whether the individual is discharged by being released or under other circumstances.
- 1269 (b) Discharge instructions provided under Subsection (19)(a) shall include:
- 1270 (i) a summary of why the individual was committed;
- 1271 (ii) detailed information about why the individual is being discharged;
- 1272 (iii) a safety plan for the individual based on the individual's intellectual disability
- 1273 and condition;
- 1274 (iv) notification to the individual's primary care provider, if applicable;
- 1275 (v) if the individual is discharged without food, housing, or economic security, a
- 1276 referral to appropriate services, if such services exist in the individual's
- 1277 community;
- 1278 (vi) the phone number to call or text for a crisis services hotline, and information
- 1279 about the availability of peer support services;
- 1280 (vii) a copy of any advance directive presented to the local mental health authority, if
- 1281 applicable;
- 1282 (viii) information about how to establish an advance directive if one was not
- 1283 presented to the division or intermediate care facility;
- 1284 (ix) as applicable, information about medications that were changed or discontinued
- 1285 during the commitment;

- (x) a list of any screening or diagnostic tests conducted during the commitment;
 (xi) a summary of therapeutic treatments provided during the commitment;
 (xii) any laboratory work, including blood samples or imaging, that was completed or attempted during the commitment; and
 (xiii) information about how to contact the division or intermediate care facility if needed.
- (c) If an individual's medications were changed, or if an individual was prescribed new medications while committed under this section, discharge instructions provided under Subsection (19)(a) shall include a clinically appropriate supply of medications, as determined by a licensed health care provider, to allow the individual time to access another health care provider or follow-up appointment.
- (d) If an individual refuses to accept discharge instructions, the division or intermediate care facility shall document the refusal in the individual's medical record.
- (e) If an individual's discharge instructions include referrals to services under Subsection (19)(b)(v), the division or intermediate care facility shall document those referrals in the individual's medical record.
- (f) The division shall attempt to follow up with a discharged individual at least 48 hours after discharge, and may use peer support professionals when performing follow-up care or developing a continuing care plan.

Section 9. Section **63I-2-226** is amended to read:

63I-2-226 (Effective 05/01/24) (Superseded 07/01/24). Repeal dates: Titles 26A through 26B.

- (1) Subsection 26B-1-204(2)(e), related to the Air Ambulance Committee, is repealed July 1, 2024.
- (2) Section 26B-1-241 is repealed July 1, 2024.
- (3) Section 26B-1-302 is repealed on July 1, 2024.
- (4) Section 26B-1-313 is repealed on July 1, 2024.
- (5) Section 26B-1-314 is repealed on July 1, 2024.
- (6) Section 26B-1-321 is repealed on July 1, 2024.
- (7) Section 26B-1-405, related to the Air Ambulance Committee, is repealed on July 1, 2024.
- (8) Section 26B-1-419, which creates the Utah Health Care Workforce Financial Assistance Program Advisory Committee, is repealed July 1, 2027.
- (9) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection 26B-2-231(1)(a)

1320 is amended to read:

1321 "(a) provide the patient or the patient's representative with the following information
1322 before contacting an air medical transport provider:

1323 (i) which health insurers in the state the air medical transport provider contracts with;

1324 (ii) if sufficient data is available, the average charge for air medical transport services for a
1325 patient who is uninsured or out of network; and

1326 (iii) whether the air medical transport provider balance bills a patient for any charge not paid
1327 by the patient's health insurer; and".

1328 (10) Section 26B-3-142 is repealed July 1, 2024.

1329 (11) Subsection 26B-3-215(5), related to reporting on coverage for in vitro fertilization and
1330 genetic testing, is repealed July 1, 2030.

1331 (12) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection 26B-4-135(1)(a)
1332 is amended to read:

1333 "(a) provide the patient or the patient's representative with the following information
1334 before contacting an air medical transport provider:

1335 (i) which health insurers in the state the air medical transport provider contracts with;

1336 (ii) if sufficient data is available, the average charge for air medical transport services for a
1337 patient who is uninsured or out of network; and

1338 (iii) whether the air medical transport provider balance bills a patient for any charge not paid
1339 by the patient's health insurer; and".

1340 (13) Section 26B-4-702, related to the Utah Health Care Workforce Financial Assistance
1341 Program, is repealed July 1, 2027.

1342 (14) Section 26B-5-117, related to early childhood mental health support grant programs, is
1343 repealed January 2, 2025.

1344 (15) Section 26B-5-302.5, related to a study concerning court-ordered treatment, is repealed
1345 July 1, 2025.

1346 ~~[(15)]~~ (16) Subsection 26B-7-117(3), related to reports to the Legislature on syringe
1347 exchange and education, is repealed January 1, 2027.

1348 ~~[(16)]~~ (17) Section 26B-7-120, relating to sickle cell disease, is repealed on July 1, 2025.

1349 Section 10. Section **63I-2-226** is amended to read:

1350 **63I-2-226 (Effective 07/01/24). Repeal dates: Titles 26A through 26B.**

1351 (1) Section 26B-1-241 is repealed July 1, 2024.

1352 (2) Section 26B-1-302 is repealed on July 1, 2024.

1353 (3) Section 26B-1-313 is repealed on July 1, 2024.

- 1354 (4) Section 26B-1-314 is repealed on July 1, 2024.
- 1355 (5) Section 26B-1-321 is repealed on July 1, 2024.
- 1356 (6) Section 26B-1-419, which creates the Utah Health Care Workforce Financial Assistance
1357 Program Advisory Committee, is repealed July 1, 2027.
- 1358 (7) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection 26B-2-231(1)(a)
1359 is amended to read:
- 1360 "(a) provide the patient or the patient's representative with the following information
1361 before contacting an air medical transport provider:
- 1362 (i) which health insurers in the state the air medical transport provider contracts with;
1363 (ii) if sufficient data is available, the average charge for air medical transport services for a
1364 patient who is uninsured or out of network; and
1365 (iii) whether the air medical transport provider balance bills a patient for any charge not paid
1366 by the patient's health insurer; and".
- 1367 (8) Section 26B-3-142 is repealed July 1, 2024.
- 1368 (9) Subsection 26B-3-215(5), related to reporting on coverage for in vitro fertilization and
1369 genetic testing, is repealed July 1, 2030.
- 1370 (10) Section 26B-4-702, related to the Utah Health Care Workforce Financial Assistance
1371 Program, is repealed July 1, 2027.
- 1372 (11) Section 26B-5-117, related to early childhood mental health support grant programs, is
1373 repealed January 2, 2025.
- 1374 (12) Section 26B-5-302.5, related to a study concerning court-ordered treatment, is repealed
1375 July 1, 2025.
- 1376 ~~[(12)]~~ (13) Subsection 26B-7-117(3), related to reports to the Legislature on syringe
1377 exchange and education, is repealed January 1, 2027.
- 1378 ~~[(13)]~~ (14) Section 26B-7-120, relating to sickle cell disease, is repealed on July 1, 2025.
- 1379 Section 11. **Repealer.**
- 1380 This bill repeals:
- 1381 Section **26B-5-350, (Effective 05/01/24)Assisted outpatient treatment services.**
- 1382 Section 12. **Effective date.**
- 1383 (1) Except as provided in Subsection (2), this bill takes effect on May 1, 2024.
- 1384 (2) The actions affecting Section 26B-5-331 (Effective 07/01/24) take effect on July 1,
1385 2024.
- 1386 Section 13. **Coordinating H.B. 299 with H.B. 203.**
- 1387 If H.B. 299, Court-ordered Treatment Modifications, and H.B. 203, Involuntary

1388 Commitment Amendments, both pass and become law, the Legislature intends that on
1389 May 1, 2024, Subsection 26B-5-332(16)(a) be amended to read:

1390 "(16)(a) The court shall order commitment of an adult proposed patient to a local
1391 mental health authority if, upon completion of the hearing and consideration of the
1392 information presented, the court finds by clear and convincing evidence that there is no
1393 appropriate, less-restrictive alternative to a court order of commitment and the local
1394 mental health authority can provide the proposed patient with treatment that is adequate
1395 and appropriate to the proposed patient's conditions and needs, and:

1396 (i) [the proposed patient has a mental illness;] as a result of mental illness and based
1397 on recent actions, omissions, or behaviors, the proposed patient:

1398 (A) poses a substantial danger to self or others; or
1399 (B) lacks the ability to engage in a rational decision-making process regarding the
1400 acceptance of mental treatment as demonstrated by evidence of inability to weigh the
1401 possible risks of accepting or rejecting treatment; or

1402 (ii)(A) the proposed patient has been charged with a criminal offense;
1403 (B) with respect to the charged offense, the proposed patient is found incompetent to
1404 proceed as a result of a mental illness;

1405 (C) the proposed patient has a mental illness; and
1406 (D) the proposed patient has a persistent unawareness of their mental illness and the
1407 negative consequences of that illness, or within the preceding six months has been
1408 requested or ordered to undergo mental health treatment but has unreasonably refused to
1409 undergo that treatment.

1410 [~~(ii) because of the proposed patient's mental illness the proposed patient poses a~~
1411 ~~substantial danger to self or others;~~

1412 (iii) the proposed patient lacks the ability to engage in a rational decisino-making
1413 process regarding the acceptance of mental treatment as demonstrated by evidence of
1414 inability to weigh the possible risks of accepting or rejecting treatment;

1415 (iv) there is no appropriate less-restrictive alternative to a court order of
1416 commitment; and

1417 (v) the local mental health authority can provide the proposed patient with treatment
1418 that is adequate and appropriate to the proposed patient's conditions and needs.] "