

Cheryl K. Acton proposes the following substitute bill:

Health and Human Services Amendments

2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Cheryl K. Acton

Senate Sponsor:

LONG TITLE

General Description:

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

Highlighted Provisions:

This bill:

- defines terms;
- repeals outdated language;
- updates code references;
- provides that the Department of Health and Human Services (department) may examine and audit the expenditures of public funds provided to a local health department;
- addresses the required qualifications for the department's executive director and deputy directors;
- updates the name of a division and an office within the department;
- provides that the executive director of the department may create committees within the department, subject to certain conditions and requirements;
- authorizes the department to access certain records of individuals licensed or certified by the Division of Professional Licensing for specific purposes;
- adds additional items to the list of duties of the department;
- updates language to be consistent with the transfer of certain emergency medical services responsibilities from the department to the Department of Public Safety;
- addresses the administration of stock albuterol by a qualified adult;
- updates references from "targeted case management" to "case managers";
- provides that the Division of Services for People with Disabilities must determine the most appropriate, least restrictive setting for an individual with an intellectual disability within the division's system;
- amends provisions regarding fetal death certificates and certificates of early term stillbirth;

- updates code references to reflect the current name of the Office of Substance Use and Mental Health within the department;
- requires the Office of Recovery Services to review child support guidelines and submit a summary of the review to the Judiciary Interim Committee; and
- makes technical and conforming changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:**AMENDS:**

- 26B-1-201**, as last amended by Laws of Utah 2022, Chapter 255
- 26B-1-202**, as last amended by Laws of Utah 2024, Chapter 506
- 26B-1-203**, as renumbered and amended by Laws of Utah 2022, Chapter 255
- 26B-1-204**, as last amended by Laws of Utah 2024, Chapters 240, 404 and 506
- 26B-1-211**, as renumbered and amended by Laws of Utah 2022, Chapter 255
- 26B-1-213**, as renumbered and amended by Laws of Utah 2022, Chapter 255
- 26B-1-216**, as last amended by Laws of Utah 2024, Chapter 106
- 26B-1-219**, as last amended by Laws of Utah 2024, Chapter 178
- 26B-1-235**, as renumbered and amended by Laws of Utah 2023, Chapter 305
- 26B-1-334**, as enacted by Laws of Utah 2023, Chapter 325
- 26B-3-804**, as renumbered and amended by Laws of Utah 2023, Chapter 306
- 26B-4-301**, as last amended by Laws of Utah 2024, Chapter 261
- 26B-4-406**, as renumbered and amended by Laws of Utah 2023, Chapter 307
- 26B-4-409**, as last amended by Laws of Utah 2024, Chapter 311
- 26B-4-501**, as last amended by Laws of Utah 2024, Chapter 257
- 26B-5-101**, as last amended by Laws of Utah 2024, Chapters 240, 420
- 26B-5-102**, as last amended by Laws of Utah 2024, Chapters 250, 420
- 26B-5-315**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- 26B-5-319**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- 26B-5-331**, as last amended by Laws of Utah 2024, Chapter 299
- 26B-5-609**, as last amended by Laws of Utah 2024, Third Special Session, Chapter 5
- 26B-6-210**, as last amended by Laws of Utah 2024, Chapter 147
- 26B-6-602**, as renumbered and amended by Laws of Utah 2023, Chapter 308

63 **26B-7-301**, as last amended by Laws of Utah 2024, Chapters 152, 283

64 **26B-8-115**, as last amended by Laws of Utah 2024, Chapters 113, 295

65 **26B-8-118**, as last amended by Laws of Utah 2024, Chapter 113

66 **26B-9-104**, as last amended by Laws of Utah 2024, Chapter 366

67 **53-22-102**, as last amended by Laws of Utah 2024, Chapter 21

68 **53-22-104.2**, as enacted by Laws of Utah 2024, Chapter 21

69 **53-22-105**, as enacted by Laws of Utah 2024, Chapter 21

70 **53G-8-701.6**, as enacted by Laws of Utah 2024, Chapter 21

71 **63I-1-281**, as enacted by Laws of Utah 2024, Chapter 366

72 **80-2-709**, as renumbered and amended by Laws of Utah 2022, Chapter 334

73 REPEALS:

74 **26B-7-102**, as renumbered and amended by Laws of Utah 2023, Chapter 308

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

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

78 **26B-1-201 . Department of Health and Human Services -- Creation -- Duties.**

- 79 (1) There is created within state government the Department of Health and Human
80 Services, which has all of the policymaking functions, regulatory and enforcement
81 powers, rights, duties, and responsibilities outlined in this title and previously vested in
82 the Department of Health and the Department of Human Services.
- 83 (2) Subject to the limitation and grants of authority in state law, the department shall serve
84 as the health, health planning, medical assistance, and social services authority of the
85 state, and for administration of federally assisted state programs or plans is designated as
86 the sole state agency for:
- 87 (a) social service block grants;
 - 88 (b) alcohol, drug, and mental health programs, including block grants;
 - 89 (c) child welfare;
 - 90 (d) state programs supported under the Older Americans Act, 42 U.S.C. Sec. 3001, et
91 seq.;
 - 92 (e) public health;
 - 93 (f) health planning;
 - 94 (g) maternal and child health;
 - 95 (h) services for individuals with a disability; and
 - 96 (i) medical assistance.

(3) A state plan or program administered by the department:

(a) shall be developed in the appropriate divisions or offices of the department in accordance with applicable requirements of state and federal law; and

(b) may be amended by the executive director to achieve coordination, efficiency, or economy.

~~[(4) In addition to Subsection (1), from July 1, 2022, through June 30, 2023, the Department of Health and Human Services shall exercise the policymaking functions, regulatory and enforcement powers, rights, duties, and responsibilities of the Department of Health and the Department of Human Services under:]~~

~~[(a) Title 26, Utah Health Code; and]~~

~~[(b) Title 62A, Utah Human Services Code.]~~

Section 2. Section **26B-1-202** is amended to read:

26B-1-202 . Department authority and duties.

(1) As used in this section, "public funds" means the same as that term is defined in Section 26B-5-101.

(2) The department may, subject to applicable restrictions in state law and in addition to all other authority and responsibility granted to the department by law:

~~[(1)]~~ (a) adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, and not inconsistent with law, as the department may consider necessary or desirable for providing health and social services to the people of this state;

~~[(2)]~~ (b) establish and manage client trust accounts in the department's institutions and community programs, at the request of the client or the client's legal guardian or representative, or in accordance with federal law;

~~[(3)]~~ (c) purchase, as authorized or required by law, services that the department is responsible to provide for legally eligible persons;

~~[(4)]~~ (d) conduct adjudicative proceedings for clients and providers in accordance with the procedures of Title 63G, Chapter 4, Administrative Procedures Act;

~~[(5)]~~ (e) establish eligibility standards for the department's programs, not inconsistent with state or federal law or regulations;

~~[(6)]~~ (f) take necessary steps, including legal action, to recover money or the monetary value of services provided to a recipient who was not eligible;

~~[(7)]~~ (g) set and collect fees for the department's services;

~~[(8)]~~ (h) license agencies, facilities, and programs, except as otherwise allowed,

prohibited, or limited by law;

~~[(9)]~~ (i) acquire, manage, and dispose of any real or personal property needed or owned by the department, not inconsistent with state law;

~~[(10)]~~ (j) receive gifts, grants, devises, and donations; gifts, grants, devises, donations, or the proceeds thereof, may be credited to the program designated by the donor, and may be used for the purposes requested by the donor, as long as the request conforms to state and federal policy; all donated funds shall be considered private, nonlapsing funds and may be invested under guidelines established by the state treasurer;

~~[(11)]~~ (k) accept and employ volunteer labor or services; the department is authorized to reimburse volunteers for necessary expenses, when the department considers that reimbursement to be appropriate;

~~[(12)]~~ (l) carry out the responsibility assigned in the workforce services plan by the State Workforce Development Board;

~~[(13)]~~ (m) carry out the responsibility assigned by Section 26B-1-430 with respect to coordination of services for students with a disability;

~~[(14)]~~ (n) provide training and educational opportunities for the department's staff;

~~[(15)]~~ (o) collect child support payments and any other money due to the department;

~~[(16)]~~ (p) apply the provisions of Title 81, Chapter 6, Child Support, to parents whose child lives out of the home in a department licensed or certified setting;

~~[(17)]~~ (q) establish policy and procedures, within appropriations authorized by the Legislature, in cases where the Division of Child and Family Services or the Division of Juvenile Justice and Youth Services is given custody of a minor by the juvenile court under Title 80, Utah Juvenile Code, or the department is ordered to prepare an attainment plan for a minor found not competent to proceed under Section 80-6-403, including:

~~[(a)]~~ (i) designation of interagency teams for each juvenile court district in the state;

~~[(b)]~~ (ii) delineation of assessment criteria and procedures;

~~[(c)]~~ (iii) minimum requirements, and timeframes, for the development and implementation of a collaborative service plan for each minor placed in department custody; and

~~[(d)]~~ (iv) provisions for submittal of the plan and periodic progress reports to the court;

~~[(18)]~~ (r) carry out the responsibilities assigned to the department by statute;

~~[(19)]~~ (s) as further provided in Subsection (3), examine and audit the expenditures of any public funds provided to a local health department, a local substance abuse

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

199 certification is required:

200 ~~[(a)]~~ (i) under this title;

201 ~~[(b)]~~ (ii) by the department; or

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

203 ~~[(23)]~~ (w) enter into cooperative agreements with the Department of Environmental

204 Quality to delineate specific responsibilities to assure that assessment and

205 management of risk to human health from the environment are properly administered;

206 ~~[(24)]~~ (x) consult with the Department of Environmental Quality and enter into

207 cooperative agreements, as needed, to ensure efficient use of resources and effective

208 response to potential health and safety threats from the environment, and to prevent

209 gaps in protection from potential risks from the environment to specific individuals

210 or population groups;

211 ~~[(25)]~~ (y) to the extent authorized under state law or required by federal law, promote and

212 protect the health and wellness of the people within the state;

213 ~~[(26)]~~ (z) establish, maintain, and enforce rules authorized under state law or required by

214 federal law to promote and protect the public health or to prevent disease and illness;

215 ~~[(27)]~~ (aa) investigate the causes of epidemic, infectious, communicable, and other

216 diseases affecting the public health;

217 ~~[(28)]~~ (bb) provide for the detection and reporting of communicable, infectious, acute,

218 chronic, or any other disease or health hazard which the department considers to be

219 dangerous, important, or likely to affect the public health;

220 ~~[(29)]~~ (cc) collect and report information on causes of injury, sickness, death, and

221 disability and the risk factors that contribute to the causes of injury, sickness, death,

222 and disability within the state;

223 ~~[(30)]~~ (dd) collect, prepare, publish, and disseminate information to inform the public

224 concerning the health and wellness of the population, specific hazards, and risks that

225 may affect the health and wellness of the population and specific activities which

226 may promote and protect the health and wellness of the population;

227 ~~[(31)]~~ (ee) abate nuisances when necessary to eliminate sources of filth and infectious

228 and communicable diseases affecting the public health;

229 ~~[(32)]~~ (ff) make necessary sanitary and health investigations and inspections in

230 cooperation with local health departments as to any matters affecting the public

231 health;

232 ~~[(33)]~~ (gg) establish laboratory services necessary to support public health programs and

233 medical services in the state;

234 [~~(34)~~] (hh) establish and enforce standards for laboratory services which are provided by

235 any laboratory in the state when the purpose of the services is to protect the public

236 health;

237 [~~(35)~~] (ii) cooperate with the Labor Commission to conduct studies of occupational

238 health hazards and occupational diseases arising in and out of employment in

239 industry, and make recommendations for elimination or reduction of the hazards;

240 [~~(36)~~] (jj) cooperate with the local health departments, the Department of Corrections,

241 the Administrative Office of the Courts, the Division of Juvenile Justice and Youth

242 Services, and the Utah Office for Victims of Crime to conduct testing for HIV

243 infection of alleged sexual offenders, convicted sexual offenders, and any victims of

244 a sexual offense;

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

246 [~~(38)~~] (ll) establish, maintain, and enforce a procedure requiring the blood of adult

247 pedestrians and drivers of motor vehicles killed in highway accidents be examined

248 for the presence and concentration of alcohol, and provide the Commissioner of

249 Public Safety with monthly statistics reflecting the results of these examinations, with

250 necessary safeguards so that information derived from the examinations is not used

251 for a purpose other than the compilation of these statistics;

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

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

254 77-23-213(3)(a)(vi), and to issue permits to individuals the department finds

255 qualified, which permits may be terminated or revoked by the department;

256 [~~(40)~~] (nn) establish a uniform public health program throughout the state which includes

257 continuous service, employment of qualified employees, and a basic program of

258 disease control, vital and health statistics, sanitation, public health nursing, and other

259 preventive health programs necessary or desirable for the protection of public health;

260 [~~(41)~~] (oo) conduct health planning for the state;

261 [~~(42)~~] (pp) monitor the costs of health care in the state and foster price competition in the

262 health care delivery system;

263 [~~(43)~~] (qq) establish methods or measures for health care providers, public health entities,

264 and health care insurers to coordinate among themselves to verify the identity of the

265 individuals the providers serve;

266 [~~(44)~~] (rr) designate Alzheimer's disease and related dementia as a public health issue

and, within budgetary limitations, implement a state plan for Alzheimer's disease and related dementia by incorporating the plan into the department's strategic planning and budgetary process;

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

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

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

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

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

~~[(a)]~~ (i) demographic data concerning family structures in the state; and

~~[(b)]~~ (ii) data regarding the family structure associated with:

~~[(i)]~~ (A) suicide, depression, or anxiety; and

~~[(ii)]~~ (B) various health outcomes.

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

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

(c) If the department determines that it is necessary to withhold funds from a local health department, local mental health authority, or local substance abuse authority based on failure to comply with state or federal law, policy, or contract provisions, the department may take steps necessary to ensure continuity of services.

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

26B-1-203 . Executive director -- Appointment -- Compensation -- Qualifications

-- Deputy directors required -- Responsibilities.

- (1)(a) The chief administrative officer of the department is the executive director, who shall be appointed by the governor with the advice and consent of the Senate.
- (b) The executive director may be removed at the will of the governor.
- (c) The executive director shall receive a salary established by the governor within the salary range fixed by the Legislature in Title 67, Chapter 22, State Officer Compensation.
- (2) The executive director shall be experienced in administration, management, and coordination of complex organizations.
- (3) ~~[If the executive director is not a physician, the]~~ The executive director or a deputy director shall:
- (a) be informed and experienced in public health;
- (b) have successfully completed at least a master's degree of public health or public administration from an accredited school of public health or from an accredited program of public health or public administration; and
- (c)(i) have at least five years of professional full-time experience, of which at least two years have been in public health in a senior level administrative capacity; or
- (ii) have at least five years of professional full-time experience in public health programs, of which at least three years have been in a senior level administrative capacity.
- (4) ~~[The]~~ If the executive director is not a physician, the executive director shall appoint a deputy director of the department who[:]
- ~~[(a) shall have successfully completed at least one year's graduate work in an accredited school of public health or an accredited program of public health;]~~
- ~~[(b) shall have at least five years of professional full-time experience in public health programs; and]~~
- ~~[(c)]~~ is a physician licensed to practice medicine in the state with experience in public health.
- (5) The executive director is responsible for:
- (a) administration and supervision of the department;
- (b) coordination of policies and program activities conducted through the boards, divisions, and offices of the department;
- (c) approval of the proposed budget of each board, division, and office within the department; and

(d) other duties as the Legislature or governor shall assign to the executive director.

- (6) The executive director may appoint deputy or assistant directors to assist the executive director in carrying out the department's responsibilities.

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

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

- (1) The executive director shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, and not inconsistent with law for:

- (a) the administration and government of the department;
- (b) the conduct of the department's employees; and
- (c) the custody, use, and preservation of the records, papers, books, documents, and property of the department.

- (2) The following policymaking boards, councils, and committees are created within the Department of Health and Human Services:

- (a) Board of Aging and Adult Services;
- (b) Utah State Developmental Center Board;
- (c) Health Facility Committee;
- (d) Health Data Committee;
- (e) Child Care Provider Licensing Committee;
- (f) Adult Autism Treatment Program Advisory Committee;
- (g) Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee; and
- (h) any boards, councils, or committees that are created by statute in this title.

- (3) The following divisions and offices are created within the Department of Health and Human Services:

- (a) relating to operations:
 - (i) the Division of Finance and Administration;
 - (ii) the Division of Licensing and Background Checks;
 - (iii) the Division of Customer Experience;
 - (iv) the Division of Data, Systems, and Evaluation; and
 - (v) the Division of Continuous Quality and Improvement;
- (b) relating to healthcare administration:
 - (i) the Division of Integrated Healthcare, which shall include responsibility for:
 - (A) the state's medical assistance programs; and
 - (B) behavioral health programs described in Chapter 5, Health Care - Substance

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) The department shall require that an individual required to submit to a background check under Subsection (4) provide a signed waiver on a form provided by the department that meets the requirements of Subsection 53-10-108(4).

(6) For a noncriminal justice background search and registration in accordance with Subsection 53-10-108(13), the department shall submit to the bureau:

- 437 (a) the applicant's personal identifying information and fingerprints for a criminal
438 history search of applicable local, regional, and national databases; and
439 (b) a request for all information received as a result of the local, regional, and
440 nationwide background check.
- 441 (7) The department is responsible for the payment of all fees required by Subsection
442 53-10-108(15) and any fees required to be submitted to the Federal Bureau of
443 Investigation by the bureau.
- 444 (8) The department may make rules in accordance with Title 63G, Chapter 3, Utah
445 Administrative Rulemaking Act, that:
- 446 (a) determine how the department will assess the employment status of an individual
447 upon receipt of background information;
- 448 (b) determine when an individual would be disqualified from holding a position based
449 on:
- 450 (i) the type of crimes and the severity of those crimes; or
451 (ii) one or more substantiated or supported findings of abuse, neglect, or exploitation;
452 and
- 453 (c) identify the appropriate privacy risk mitigation strategy to be used in accordance
454 with Subsection 53-10-108(13)(b).

455 Section 6. Section **26B-1-213** is amended to read:

456 **26B-1-213 . Department and committee rules and proceedings.**

- 457 (1)(a) Except in areas [-]subject to concurrence between the department and a committee
458 created under this title[~~-, Title 26, Utah Health Code, or Title 62A, Utah Human~~
459 ~~Services Code~~], the department shall have the power to adopt, amend, or rescind
460 rules necessary to carry out the provisions of this title.
- 461 (b) If the adoption of rules under a provision of this title is subject to concurrence
462 between the department and a committee created under this title and no concurrence
463 can be reached, the department has final authority to adopt, amend, or rescind rules
464 necessary to carry out the provisions of this title.
- 465 (c) When the provisions of this title require concurrence between the department and a
466 committee created under this title:
- 467 (i) the department shall report to and update the committee on a regular basis related
468 to matters requiring concurrence; and
- 469 (ii) the committee shall review the report submitted by the department under this
470 Subsection (1)(c) and shall:

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

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

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

538 **26B-1-219 . Requirements for issuing, recommending, or facilitating rationing**

539 **criteria.**

540 (1) As used in this section:

541 (a) "Health care resource" means:

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

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

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

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

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

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

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

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

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

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

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

557 (ii) that, based on the circumstances described in Subsection (1)(c)(i), is distributed
558 or provided using written requirements, guidelines, processes, or
559 recommendations as a factor in the decision to distribute or provide the health care
560 resource; and

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

562 (2)(a) On or before July 1, 2022, the department shall make rules in accordance with
563 Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish a procedure
564 that the department will follow to adopt, modify, require, facilitate, or recommend
565 rationing criteria.

566 (b) Beginning July 1, 2022, the department may not adopt, modify, require, facilitate, or
567 recommend rationing criteria unless the department follows the procedure established
568 by the department under Subsection (2)(a).

569 (3) The procedures developed by the department under Subsection (2) shall include, at a
570 minimum:

571 (a) a requirement that the department notify the following individuals in writing before
572 rationing criteria are issued, are recommended, or take effect:

- (i) the Rules Review and General Oversight Committee created in Section 36-35-102;
- (ii) the governor or the governor's designee;
- (iii) the president of the Senate or the president's designee;
- (iv) the speaker of the House of Representatives or the speaker's designee;
- (v) the executive director or the executive director's designee; and
- (vi) if rationing criteria affect hospitals in the state, a representative of an association representing hospitals throughout the state, as designated by the executive director; and

(b) procedures for an emergency circumstance which shall include, at a minimum:

- (i) a description of the circumstances under which emergency procedures described in this Subsection (3)(b) may be used; and
- (ii) a requirement that the department notify the individuals described in Subsections (3)(a)(i) through (vi) as soon as practicable, but no later than 48 hours after the rationing criteria take effect.

~~[(4)(a) Within 30 days after March 22, 2022, the department shall send to the Rules Review and General Oversight Committee all rationing criteria that:]~~

~~[(i) were adopted, modified, required, facilitated, or recommended by the department prior to March 22, 2022; and]~~

~~[(ii) on March 22, 2022, were in effect and in use to distribute or qualify a person to receive scarce health care resources.]~~

~~[(b) During the 2022 interim, the Rules Review and General Oversight Committee shall, under Subsection 36-35-102(3)(e), review each of the rationing criteria submitted by the department under this Subsection (4).]~~

~~[(5)]~~ (4) The requirements described in this section and rules made under this section shall apply regardless of whether rationing criteria:

- (a) have the force and effect of law, or is solely advisory, informative, or descriptive;
- (b) are carried out or implemented directly or indirectly by the department or by other individuals or entities; or
- (c) are developed solely by the department or in collaboration with other individuals or entities.

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

- (a) may not be suspended under Section 53-2a-209 or any other provision of state law relating to a state of emergency;
- (b) does not limit a private entity from developing or implementing rationing criteria; and

(c) does not require the department to adopt, modify, require, facilitate, or recommend rationing criteria that the department does not determine to be necessary or appropriate.

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

(a) through the regular, non-emergency rulemaking procedure described in Section 63G-3-301;

(b) if the modification is solely to correct a technical error in rationing criteria such as correcting obvious errors and inconsistencies including those involving punctuation, capitalization, cross references, numbering, and wording;

(c) to the extent that compliance with this section would result in a direct violation of federal law;

(d) that are necessary for administration of the Medicaid program;

(e) if state law explicitly authorizes the department to engage in rulemaking to establish rationing criteria; or

(f) if rationing criteria are authorized directly through a general appropriation bill that is validly enacted.

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

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

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

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

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

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

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

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

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

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

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

- (a) the assessments collected under, and any interest and penalties levied with the administration of:
- (i) ~~[Title 26B, Chapter 2, Part 2, Health Care Facility Licensing and Inspection Act]~~ Chapter 2, Part 2, Health Care Facility Licensing and Inspection;
- (ii) ~~[Title 26B, Chapter 1, Part 4, Child Care Licensing]~~ Chapter 2, Part 1, Human Services Programs and Facilities; and
- (iii) ~~[Title 26B, Chapter 2, Part 1, Human Services Programs and Facilities]~~ Chapter 2, Part 4, Child Care Licensing;
- (b) money appropriated or otherwise made available by the Legislature; and
- (c) any interest earned on the fund.
- (2) Money in the fund may only be used by the department:
- (a) for upgrades to and maintenance of licensing databases and applications;
- (b) for training for providers and staff;
- (c) to assist individuals during a facility shutdown; or
- (d) for administrative expenses, if the administrative expenses for the fiscal year do not exceed 3% of the money deposited into the fund during the fiscal year.

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

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

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

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

26B-4-301 . Definitions.

As used in this part:

- (1) "Committee" means the Primary Care Grant Committee described in Section 26B-1-410.
- (2) "Community based organization":
- (a) means a private entity; and
- (b) includes for profit and not for profit entities.
- (3) "Cultural competence" means a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or profession and enables that system, agency, or profession to work effectively in cross-cultural situations.
- ~~[(4) "Emergency medical dispatch center" means a public safety answering point, as~~

defined in Section ~~63H-7a-103~~, that is designated as an emergency medical dispatch center by the office.]

~~[(5)]~~ (4) "Health literacy" means the degree to which an individual has the capacity to obtain, process, and understand health information and services needed to make appropriate health decisions.

~~[(6)]~~ (5) "Institutional capacity" means the ability of a community based organization to implement public and private contracts.

~~[(7)]~~ (6) "Medically underserved population" means the population of an urban or rural area or a population group that the committee determines has a shortage of primary health care.

~~[(8)]~~ "Office" means the Office of Emergency Medical Services and Preparedness within the department.]

~~[(9)]~~ (7) "Pregnancy support services" means services that:

- (a) encourage childbirth instead of voluntary termination of pregnancy; and
- (b) assist pregnant women, or women who may become pregnant, to choose childbirth whether they intend to parent or select adoption for the child.

~~[(10)]~~ (8) "Primary care grant" means a grant awarded by the department under Subsection 26B-4-310(1).

~~[(11)]~~ (9)(a) "Primary health care" means:

- (i) basic and general health care services given when a person seeks assistance to screen for or to prevent illness and disease, or for simple and common illnesses and injuries; and
 - (ii) care given for the management of chronic diseases.
- (b) "Primary health care" includes:
- (i) services of physicians, nurses, physician's assistants, and dentists licensed to practice in this state under Title 58, Occupations and Professions;
 - (ii) diagnostic and radiologic services;
 - (iii) preventive health services including perinatal services, well-child services, and other services that seek to prevent disease or its consequences;
 - (iv) emergency medical services;
 - (v) preventive dental services; and
 - (vi) pharmaceutical services.

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

26B-4-406 . Voluntary participation.

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

(6)(a) Each primary or secondary school in the state, both public and private, may make stock albuterol available to any school employee who:

(i) is employed at the school; and

(ii) is a qualified adult.

(b) A qualified adult may administer stock albuterol to a student who:

(i) has a diagnosis of asthma by a health care provider;

(ii) has a current asthma action plan on file with the school; and

(iii) is showing symptoms of an asthma emergency as described in the student's asthma action plan.

(c) If a student does not have a current asthma action plan on file with the school, a qualified adult may administer stock albuterol to the student if the qualified adult reasonably believes, consistent with the training received under Section 26B-4-408, the child is experiencing an asthma emergency.

~~[(e)]~~ (d) This Subsection (6) may not be interpreted to relieve a student's parent or guardian of providing a student's medication or create an expectation that a school will have stock albuterol available.

(7) No school, school board, or school official shall retaliate or otherwise take adverse action against a teacher or other school employee for:

(a) volunteering under Subsection (2);

(b) engaging in conduct described in Subsection (3); or

(c) failing or refusing to become a qualified adult.

Section 14. Section **26B-4-409** is amended to read:

26B-4-409 . Authority to obtain and use an epinephrine auto-injector or stock albuterol.

(1) The school district physician, a department health care provider, the medical director of the local health department, or the local emergency medical services director may provide a prescription for the following if requested by a qualified adult, who is a teacher or other school employee at a public or private primary or secondary school in the state, or a school nurse:

(a) epinephrine auto-injectors for use in accordance with this part; or

(b) stock albuterol for use in accordance with this part.

(2)(a) A qualified adult may obtain an epinephrine auto-injector for use in accordance with this part that is dispensed by:

(i) a pharmacist as provided under Section 58-17b-1004; or

(ii) a pharmacy intern as provided under Section 58-17b-1004.

(b) A qualified adult may obtain stock albuterol for use in accordance with this part that is dispensed by:

(i) a pharmacist as provided under Section 58-17b-1004; or

(ii) a pharmacy intern as provided under Section 58-17b-1004.

(3) A qualified adult:

(a) may immediately administer an epinephrine auto-injector to a person exhibiting potentially life-threatening symptoms of anaphylaxis when a physician or physician assistant is not immediately available; and

(b) shall initiate emergency medical services or other appropriate medical follow-up in accordance with the training materials retained under Section 26B-4-407 after administering an epinephrine auto-injector.

(4)(a) If a school nurse is not immediately available, a qualified adult:

~~[(a)]~~ (i) may immediately administer stock albuterol to an individual who:

~~[(i)]~~ (A) has a diagnosis of asthma by a health care provider;

~~[(ii)]~~ (B) has a current asthma action plan on file with the school; and

~~[(iii)]~~ (C) is showing symptoms of an asthma emergency as described in the student's asthma action plan; and

~~[(b)]~~ (ii) shall initiate appropriate medical follow-up in accordance with the training materials retained under Section 26B-4-408 after administering stock albuterol.

(b) If a school nurse is not immediately available and an individual does not have a current asthma action plan on file with the school, a qualified adult:

(i) may administer stock albuterol to the individual if the qualified adult reasonably believes, consistent with the training received under Section 26B-4-408, the individual is experiencing an asthma emergency; and

(ii) shall initiate appropriate medical follow-up in accordance with the training materials retained under Section 26B-4-408 after administering stock albuterol.

(5)(a) A qualified entity that complies with Subsection (5)(b) or (c), may obtain a supply of epinephrine auto-injectors or stock albuterol, respectively, from a pharmacist under Section 58-17b-1004, or a pharmacy intern under Section 58-17b-1004 for:

(i) storing:

(A) the epinephrine auto-injectors on the qualified epinephrine auto-injector entity's premises; and

(B) stock albuterol on the qualified stock albuterol entity's premises; and

(ii) use by a qualified adult in accordance with Subsection (3) or (4).

(b) A qualified epinephrine auto-injector entity shall:

(i) designate an individual to complete an initial and annual refresher training program regarding the proper storage and emergency use of an epinephrine auto-injector available to a qualified adult; and

(ii) store epinephrine auto-injectors in accordance with the standards established by the department in Section 26B-4-411.

(c) A qualified stock albuterol entity shall:

(i) designate an individual to complete an initial and annual refresher training program regarding the proper storage and emergency use of stock albuterol available to a qualified adult; and

(ii) store stock albuterol in accordance with the standards established by the department in Section 26B-4-411.

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

26B-4-501 . Definitions.

As used in this part:

(1) "Controlled substance" means the same as that term is defined in Title 58, Chapter 37, Utah Controlled Substances Act.

(2) "Critical access hospital" means a critical access hospital that meets the criteria of 42 U.S.C. Sec. 1395i-4(c)(2)[- (1998)].

(3) "Designated facility" means:

(a) a freestanding urgent care center;

(b) a general acute hospital; or

(c) a critical access hospital.

(4) "Dispense" means the same as that term is defined in Section 58-17b-102.

(5) "Division" means the Division of Professional Licensing created in Section 58-1-103.

(6) "Emergency contraception" means the use of a substance, approved by the United States Food and Drug Administration, to prevent pregnancy after sexual intercourse.

(7) "Freestanding urgent care center" means the same as that term is defined in Section 59-12-801.

(8) "General acute hospital" means the same as that term is defined in Section 26B-2-201.

(9) "Health care facility" means a hospital, a hospice inpatient residence, a nursing facility, a dialysis treatment facility, an assisted living residence, an entity that provides home- and community-based services, a hospice or home health care agency, or another facility

that provides or contracts to provide health care services, which facility is licensed under Chapter 2, Part 2, Health Care Facility Licensing and Inspection.

(10) "Health care provider" means:

- (a) a physician, as defined in Section 58-67-102;
- (b) an advanced practice registered nurse, as defined in Section 58-31b-102;
- (c) a physician assistant, as defined in Section 58-70a-102; or
- (d) an individual licensed to engage in the practice of dentistry, as defined in Section 58-69-102.

(11) "Increased risk" means risk exceeding the risk typically experienced by an individual who is not using, and is not likely to use, an opiate.

(12) "Opiate" means the same as that term is defined in Section 58-37-2.

(13) "Opiate antagonist" means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration for the diagnosis or treatment of an opiate-related drug overdose.

(14) "Opiate-related drug overdose event" means an acute condition, including a decreased level of consciousness or respiratory depression resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a person would reasonably believe to require medical assistance.

(15) "Overdose outreach provider" means:

- (a) a law enforcement agency;
- (b) a fire department;
- (c) an emergency medical service provider, as defined in Section ~~[26B-4-101]~~ 53-2d-101;
- (d) emergency medical service personnel, as defined in Section ~~[26B-4-101]~~ 53-2d-101;
- (e) an organization providing treatment or recovery services for drug or alcohol use;
- (f) an organization providing support services for an individual, or a family of an individual, with a substance use disorder;
- (g) a certified peer support specialist, as defined in Section 26B-5-610;
- (h) an organization providing substance use or mental health services under contract with a local substance abuse authority, as defined in Section 26B-5-101, or a local mental health authority, as defined in Section 26B-5-101;
- (i) an organization providing services to the homeless;
- (j) a local health department;
- (k) an individual licensed to practice under:
 - (i) Title 58, Chapter 17b, Pharmacy Practice Act;

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

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

under an annual or otherwise ongoing contract to provide comprehensive substance abuse or mental health programs or services for the local substance abuse authority or local mental health authority. The money maintains the nature of "public funds" while in the possession of the private entity that has an annual or otherwise ongoing contract with a local substance abuse authority or a local mental health authority to provide comprehensive substance use or mental health programs or services for the local substance abuse authority or local mental health authority.

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

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

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

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

(16) "System of care" means a broad, flexible array of services and supports that:

(a) serve a child with or who is at risk for complex emotional and behavioral needs;

(b) are community based;

(c) are informed about trauma;

(d) build meaningful partnerships with families and children;

(e) integrate service planning, service coordination, and management across state and local entities;

(f) include individualized case planning;

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

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

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

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

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

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

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

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

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

(2) The division shall:

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

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

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

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

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

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

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

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

(A) emergency department utilization;

(B) jail and prison populations;

(C) the homeless population; and

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

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

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

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

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

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

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

- 1253 (b) oversight of public funds; and
- 1254 (c) governance of substance use disorder and mental health programs and services.
- 1255 (9) The Legislature may refuse to appropriate funds to the division upon the division's
- 1256 failure to comply with the provisions of this part.
- 1257 (10) If a local substance abuse authority contacts the division under Subsection 17-43-201
- 1258 (10) for assistance in providing treatment services to a pregnant woman or pregnant
- 1259 minor, the division shall:
- 1260 (a) refer the pregnant woman or pregnant minor to a treatment facility that has the
- 1261 capacity to provide the treatment services; or
- 1262 (b) otherwise ensure that treatment services are made available to the pregnant woman
- 1263 or pregnant minor.
- 1264 (11) The division shall employ a school-based mental health specialist to be housed at the
- 1265 State Board of Education who shall work with the State Board of Education to:
- 1266 (a) provide coordination between a local education agency and local mental health
- 1267 authority;
- 1268 (b) recommend evidence-based and evidence informed mental health screenings and
- 1269 intervention assessments for a local education agency; and
- 1270 (c) coordinate with the local community, including local departments of health, to
- 1271 enhance and expand mental health related resources for a local education agency.

1272 Section 18. Section **26B-5-315** is amended to read:

1273 **26B-5-315 . Declaration for mental health treatment -- Form.**

1274 A declaration for mental health treatment shall be in substantially the following form:

1275 DECLARATION FOR MENTAL HEALTH TREATMENT

1276 I, _____, being an adult of sound mind, willfully and

1277 voluntarily make this declaration for mental health treatment, to be followed if it is determined

1278 by a court or by two physicians that my ability to receive and evaluate information effectively

1279 or to communicate my decisions is impaired to such an extent that I lack the capacity to refuse

1280 or consent to mental health treatment. "Mental health treatment" means convulsive treatment,

1281 treatment with psychoactive medication, and admission to and retention in a mental health

1282 facility for a period up to 17 days.

1283 I understand that I may become incapable of giving or withholding informed consent for

1284 mental health treatment due to the symptoms of a diagnosed mental disorder. These symptoms

1285 may include:

1286 _____

1287 _____
1288 PSYCHOACTIVE MEDICATIONS

1289 If I become incapable of giving or withholding informed consent for mental health
1290 treatment, my wishes regarding psychoactive medications are as follows:

1291 _____ I consent to the administration of the following medications:

1292 _____
1293 in the dosages:

1294 _____ considered appropriate by my attending physician.

1295 _____ approved by _____

1296 _____ as I hereby direct: _____

1297 _____ I do not consent to the administration of the following medications:

1298 _____
1299 _____
1300 _____

1301 CONVULSIVE TREATMENT

1302 If I become incapable of giving or withholding informed consent for mental health
1303 treatment, my wishes regarding convulsive treatment are as follows:

1304 _____ I consent to the administration of convulsive treatment of the following type:

1305 _____, the number of treatments to be:

1306 _____ determined by my attending physician.

1307 _____ approved by _____

1308 _____ as follows: _____

1309 _____ I do not consent to the administration of convulsive treatment.

1310 My reasons for consenting to or refusing convulsive treatment are as follows;

1311 _____
1312 _____
1313 _____

1314 ADMISSION TO AND RETENTION IN A MENTAL HEALTH FACILITY

1315 If I become incapable of giving or withholding informed consent for mental health
1316 treatment, my wishes regarding admission to and retention in a mental health facility are as
1317 follows:

1318 _____ I consent to being admitted to the following mental health facilities:

1319 _____
1320 I may be retained in the facility for a period of time:

1321 _____ determined by my attending physician.

1322 _____ approved by _____

1323 _____ no longer than _____

1324 This directive cannot, by law, provide consent to retain me in a facility for more than 17
1325 days.

1326 ADDITIONAL REFERENCES OR INSTRUCTIONS

1327 _____

1328 _____

1329 _____

1330 ATTORNEY-IN-FACT

1331 I hereby appoint:

1332 NAME _____

1333 ADDRESS _____

1334 TELEPHONE # _____

1335 to act as my attorney-in-fact to make decisions regarding my mental health treatment if I
1336 become incapable of giving or withholding informed consent for that treatment.

1337 If the person named above refuses or is unable to act on my behalf, or if I revoke that
1338 person's authority to act as my attorney-in-fact, I authorize the following person to act as my
1339 alternative attorney-in-fact:

1340 NAME _____

1341 ADDRESS _____

1342 TELEPHONE # _____

1343 My attorney-in-fact is authorized to make decisions which are consistent with the wishes
1344 I have expressed in this declaration. If my wishes are not expressed, my attorney-in-fact is to
1345 act in good faith according to what he or she believes to be in my best interest.

1346 _____

1347 (Signature of Declarant/Date)

1348 AFFIRMATION OF WITNESSES

1349 We affirm that the declarant is personally known to us, that the declarant signed or
1350 acknowledged the declarant's signature on this declaration for mental health treatment in our
1351 presence, that the declarant appears to be of sound mind and does not appear to be under
1352 duress, fraud, or undue influence. Neither of us is the person appointed as attorney-in-fact by
1353 this document, the attending physician, an employee of the attending physician, an employee
1354 of the Office of Substance [Abuse] Use and Mental Health within the Department of Health

1355 and Human Services, an employee of a local mental health authority, or an employee of any
 1356 organization that contracts with a local mental health authority.

1357 Witnessed By:

1358 _____

1359 _____

1360 (Signature of Witness/Date) (Printed Name of Witness)

1361 _____

1362 _____

1363 (Signature of Witness/Date) (Printed Name of Witness)

1364 ACCEPTANCE OF APPOINTMENT AS ATTORNEY-IN-FACT

1365 I accept this appointment and agree to serve as attorney-in-fact to make decisions about
 1366 mental health treatment for the declarant. I understand that I have a duty to act consistently
 1367 with the desires of the declarant as expressed in the declaration. I understand that this
 1368 document gives me authority to make decisions about mental health treatment only while the
 1369 declarant is incapable as determined by a court or two physicians. I understand that the
 1370 declarant may revoke this appointment, or the declaration, in whole or in part, at any time and
 1371 in any manner, when the declarant is not incapable.

1372 _____

1373 _____

1374 (Signature of Attorney-in-fact/Date) (Printed name)

1375 _____

1376 _____

1377 (Signature of Alternate Attorney-in-fact/Date) (Printed name)

1378 NOTICE TO PERSON MAKING A

1379 DECLARATION FOR MENTAL HEALTH TREATMENT

1380 This is an important legal document. It is a declaration that allows, or disallows, mental
 1381 health treatment. Before signing this document, you should know that:

1382 (1) this document allows you to make decisions in advance about three types of mental
 1383 health treatment: psychoactive medication, convulsive therapy, and short-term (up to 17
 1384 days) admission to a mental health facility;

1385 (2) the instructions that you include in this declaration will be followed only if a court or
 1386 two physicians believe that you are incapable of otherwise making treatment decisions.

1387 Otherwise, you will be considered capable to give or withhold consent for treatment;

1388 (3) you may also appoint a person as your attorney-in-fact to make these treatment

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

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

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

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

- (1) The division may take and hold by gift, devise, or bequest real and personal property required for the use of the state hospital. With the approval of the governor the division may convert that property that is not suitable for the state hospital's use into money or property that is suitable for the state hospital's use.
- (2) The state hospital is authorized to receive from any other institution within the department an individual committed to that institution, when a careful evaluation of the treatment needs of the individual and of the treatment programs available at the state hospital indicates that the transfer would be in the interest of that individual.
- (3)(a) For the purposes of this Subsection (3), "contributions" means gifts, grants, devises, and donations.
- (b) Notwithstanding the provisions of Subsection [~~26B-1-202(10)~~] 26B-1-202(2)(j), the state hospital is authorized to receive contributions and deposit the contributions into an interest-bearing restricted special revenue fund. The state treasurer may invest the

fund, and all interest will remain in the fund.

(c)(i) Single expenditures from the fund in amounts of \$5,000 or less shall be approved by the superintendent.

(ii) Single expenditures exceeding \$5,000 must be preapproved by the superintendent and the division director.

(iii) Expenditures described in this Subsection (3) shall be used for the benefit of patients at the state hospital.

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

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

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

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

(a) a written application that:

(i) is completed by a responsible individual who has reason to know, stating a belief that the adult, due to mental illness, is likely to pose substantial danger to self or others if not restrained and stating the personal knowledge of the adult's condition or circumstances that lead to the individual's belief; and

(ii) includes a certification by a licensed physician, licensed physician assistant, licensed nurse practitioner, or designated examiner stating that the physician, physician assistant, nurse practitioner, or designated examiner has examined the adult within a three-day period immediately preceding the certification, and that the physician, physician assistant, nurse practitioner, or designated examiner is of the opinion that, due to mental illness, the adult poses a substantial danger to self or others; or

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

(i) observing an adult's conduct that gives the peace officer or mental health officer probable cause to believe that:

(A) the adult has a mental illness; and

(B) because of the adult's mental illness and conduct, the adult poses a substantial danger to self or others; and

(ii) completing a temporary commitment application that:

(A) is on a form prescribed by the division;

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

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

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

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

(1) As used in this section:

- (a) "Committee" means the Behavioral Health Crisis Response Committee created in Section 63C-18-202.
 - (b) "Emergency medical service personnel" means the same as that term is defined in Section ~~[26B-4-101]~~ 53-2d-101.
 - (c) "Emergency medical services" means the same as that term is defined in Section [~~26B-4-101~~] 53-2d-101.
 - (d) "MCOT certification" means the certification created in this part for MCOT personnel and mental health crisis outreach services.
 - (e) "MCOT personnel" means a licensed mental health therapist or other mental health professional, as determined by the division, who is a part of a mobile crisis outreach team.
 - (f) "Mental health crisis" means a mental health condition that manifests itself by symptoms of sufficient severity that a prudent layperson who possesses an average knowledge of mental health issues could reasonably expect the absence of immediate attention or intervention to result in:
 - (i) serious jeopardy to the individual's health or well-being; or
 - (ii) a danger to others.
 - (g)(i) "Mental health crisis services" means mental health services and on-site intervention that a person renders to an individual suffering from a mental health crisis.
 - (ii) "Mental health crisis services" includes the provision of safety and care plans, stabilization services offered for a minimum of 60 days, and referrals to other community resources.
 - (h) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
 - (i) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and mental health professionals that provides mental health crisis services and, based on the individual circumstances of each case, coordinates with local law enforcement, emergency medical service personnel, and other appropriate state or local resources.
- (2) To promote the availability of comprehensive mental health crisis services throughout the state, the division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that create a certificate for MCOT personnel and MCOTs, including:

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

- (iv) for reports for which the finding is made before May 5, 2008:
- (A) substantiated; or
- (B) unsubstantiated; and
- (c) any other information that may be helpful in furthering the purposes of this part, as determined by the division.
- (3) Information obtained from the database may be used only:
- (a) for statistical summaries compiled by the department that do not include names or other identifying data;
- (b) where identification of an individual as a perpetrator may be relevant in a determination regarding whether to grant or deny a license, privilege, or approval made by:
- (i) the department;
- (ii) the Division of Professional Licensing;
- (iii) the Division of Licensing and Background Checks within the department;
- (iv) the Bureau of Emergency Medical Services[-], within the Department of Public Safety;
- (v) any government agency specifically authorized by statute to access or use the information in the database; or
- (vi) an agency of another state that performs a similar function to an agency described in Subsections (3)(b)(i) through (iv); or
- (c) as otherwise specifically provided by law.

Section 23. Section **26B-6-602** is amended to read:

26B-6-602 . Division responsibility.

The division is responsible:

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

Section 24. Section **26B-7-301** is amended to read:

26B-7-301 . Definitions.

As used in this part:

- (1) "Bioterrorism" means:
- (a) the intentional use of any microorganism, virus, infectious substance, or biological

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

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

1729 (13) "Public health official" means:

1730 (a) the executive director or the executive director's authorized representative; or

1731 (b) the executive director of a local health department or the executive director's
1732 authorized representative.

1733 (14) "Reportable emergency illness and health condition" includes the diseases, conditions,
1734 or syndromes designated by the department.

1735 (15) "Stay-at-home order" means an order of constraint that:

1736 (a) restricts movement of the general population to suppress or mitigate an epidemic or
1737 pandemic disease by directing individuals within a defined geographic area to remain
1738 in their respective residences; and

1739 (b) may include exceptions for certain essential tasks.

1740 (16) "Threat to public health" means a situation where a dangerous public health condition
1741 could spread to other individuals.

1742 (17) "Subject to restriction" as applied to an individual, or a group of individuals, means the
1743 individual or group of individuals could create a threat to public health.

1744 Section 25. Section **26B-8-115** is amended to read:

1745 **26B-8-115 . Fetal death certificate -- Filing and registration requirements.**

1746 (1)(a) A fetal death certificate shall be filed for each fetal death which occurs in this
1747 state.

1748 (b) The certificate shall be filed within five days after delivery with the local registrar or
1749 as otherwise directed by the state registrar.

1750 (c) The certificate shall be registered if it is completed and filed in accordance with this
1751 part.

1752 (2)(a) When a dead fetus is delivered in an institution, the institution administrator or his
1753 designated representative shall prepare and file the fetal death certificate.

1754 (b) The attending [~~physician, physician assistant, or certified nurse midwife~~ $\hat{H}$ $\rightarrow$ health care
1755 professional] **physician, physician assistant, or certified nurse midwife** $\leftarrow \hat{H}$ shall state in the
1755a certificate the cause of death and sign the certificate.

1756 (3) When a dead fetus is delivered outside an institution, the [~~physician or certified nurse~~
1757 ~~midwife~~ $\hat{H}$ $\rightarrow$ health care professional] **physician, physician assistant, or certified nurse**
1757a **midwife** $\leftarrow \hat{H}$ in attendance at or immediately after delivery shall
1758 complete, sign, and file the fetal death certificate.

1759 (4) When a fetal death occurs without medical attendance at or immediately after the
1760 delivery or when inquiry is required by Part 2, Utah Medical Examiner[;] :

1761 (a) the medical examiner shall investigate the cause of death; and
1762 (b) the medical examiner or a certified pathologist who performed the fetal autopsy shall
1763 prepare and file the certificate of fetal death within five days after [taking] the medical
1764 examiner takes charge of the case.

1765 (5)(a) When a fetal death occurs in a moving conveyance and the dead fetus is first
1766 removed from the conveyance in this state or when a dead fetus is found in this state
1767 and the place of death is unknown, the death shall be registered in this state.

1768 (b) The place where the dead fetus was first removed from the conveyance or found
1769 shall be considered the place of death.

1770 (6) Final disposition of the dead fetus may not be made until the fetal death certificate has
1771 been registered.

1772 Section 26. Section **26B-8-118** is amended to read:

1773 **26B-8-118 . Certificate of early term stillbirth.**

1774 (1) As used in this section, "early term stillborn child" means a product of human
1775 conception, other than in the circumstances described in Subsection 76-7-301(1), that:

1776 (a) is of at least 16 weeks' gestation but less than 20 weeks' gestation, calculated from
1777 the day on which the mother's last normal menstrual period began to the day of
1778 delivery; and

1779 (b) is not born alive.

1780 (2) The state registrar shall issue a certificate of early term stillbirth to a parent of an early
1781 term stillborn child if:

1782 (a) the parent requests, on a form created by the state registrar, that the state registrar
1783 register and issue a certificate of early term stillbirth for the early term stillborn child;
1784 and

1785 (b) the parent files with the state registrar:

1786 (i)(A) a signed statement from a [~~physician, or physician assistant if a physician is~~
1787 ~~not in attendance at the delivery,~~] health care professional confirming the
1788 delivery of the early term stillborn child; or

1789 (B) an accurate copy of the parent's medical records related to the early term
1790 stillborn child; and

1791 (ii) any other record the state registrar determines, by rule made in accordance with
1792 Title 63G, Chapter 3, Utah Administrative Rulemaking Act, is necessary for
1793 accurate recordkeeping.

1794 (3) The certificate of early term stillbirth described in Subsection (2) shall meet all of the

1795 format and filing requirements of Section 26B-8-103.

1796 (4) A person who prepares a certificate of early term stillbirth under this section shall leave
1797 blank any references to an early term stillborn child's name if the early term stillborn
1798 child's parent does not wish to provide a name for the early term stillborn child.

1799 Section 27. Section **26B-9-104** is amended to read:

1800 **26B-9-104 . Duties of the Office of Recovery Services.**

1801 (1) The office has the following duties:

1802 (a) except as provided in Subsection (2), to provide child support services if:

1803 (i) the office has received an application for child support services;

1804 (ii) the state has provided public assistance; or

1805 (iii) a child lives out of the home in the protective custody, temporary custody, or
1806 custody or care of the state;

1807 (b) for the purpose of collecting child support, to carry out the obligations of the
1808 department contained in:

1809 (i) this chapter;

1810 (ii) Title 78B, Chapter 14, Utah Uniform Interstate Family Support Act;

1811 (iii) Title 78B, Chapter 15, Utah Uniform Parentage Act; and

1812 (iv) Title 81, Chapter 6, Child Support;

1813 (c) to collect money due the department which could act to offset expenditures by the
1814 state;

1815 (d) to cooperate with the federal government in programs designed to recover health and
1816 social service funds;

1817 (e) to collect civil or criminal assessments, fines, fees, amounts awarded as restitution,
1818 and reimbursable expenses owed to the state or any of its political subdivisions, if the
1819 office has contracted to provide collection services;

1820 (f) to implement income withholding for collection of child support in accordance with
1821 Part 3, Income Withholding in IV-D Cases;

1822 (g) to enter into agreements with financial institutions doing business in the state to
1823 develop and operate, in coordination with such financial institutions, a data match
1824 system in the manner provided for in Section 26B-9-208;

1825 (h) to establish and maintain the state case registry in the manner required by the Social
1826 Security Act, 42 U.S.C. Sec. 654a, which shall include a record in each case of:

1827 (i) the amount of monthly or other periodic support owed under the order, and other
1828 amounts, including arrearages, interest, late payment penalties, or fees, due or

- 1829 overdue under the order;
- 1830 (ii) any amount described in Subsection (1)(h)(i) that has been collected;
- 1831 (iii) the distribution of collected amounts;
- 1832 (iv) the birth date of any child for whom the order requires the provision of support;
- 1833 and
- 1834 (v) the amount of any lien imposed with respect to the order pursuant to this part;
- 1835 (i) to contract with the Department of Workforce Services to establish and maintain the
- 1836 new hire registry created under Section 35A-7-103;
- 1837 (j) to determine whether an individual who has applied for or is receiving cash assistance
- 1838 or Medicaid is cooperating in good faith with the office as required by Section
- 1839 26B-9-213;
- 1840 (k) to finance any costs incurred from collections, fees, General Fund appropriation,
- 1841 contracts, and federal financial participation;[~~and~~]
- 1842 (l) to provide notice to a noncustodial parent in accordance with Section 26B-9-207 of
- 1843 the opportunity to contest the accuracy of allegations by a custodial parent of
- 1844 nonpayment of past-due child support, prior to taking action against a noncustodial
- 1845 parent to collect the alleged past-due support[~~;~~] ;
- 1846 (m) to review the child support guidelines, as that term is defined in Section 81-6-101, to
- 1847 ensure the application of the guidelines results in the determination of appropriate
- 1848 child support award amounts; and
- 1849 (n) to submit to the Judiciary Interim Committee, in accordance with Section 68-3-14, a
- 1850 summary of the review described in Subsection (1)(m) on or before October 1, 2025,
- 1851 and every four years thereafter on or before October 1.
- 1852 (2) The office may not provide child support services to the Division of Child and Family
- 1853 Services for a calendar month when the child to whom the child support services relate
- 1854 is:
- 1855 (a) in the custody of the Division of Child and Family Services; and
- 1856 (b) lives in the home of a custodial parent of the child for more than seven consecutive
- 1857 days, regardless of whether:
- 1858 (i) the greater than seven consecutive day period starts during one month and ends in
- 1859 the next month; and
- 1860 (ii) the child is living in the home on a trial basis.
- 1861 (3) The Division of Child and Family Services is not entitled to child support, for a child to
- 1862 whom the child support relates, for a calendar month when child support services may

1863 not be provided under Subsection (2).

1864 (4) To conduct the review described in Subsection (1)(m), the office may consider input
1865 from the Judicial Council, members of the Utah State Bar Association representing
1866 attorneys who practice family law, individuals with economic expertise, and other
1867 interested parties.

1868 Section 28. Section **53-22-102** is amended to read:

1869 **53-22-102 . State security chief -- Creation -- Appointment.**

1870 (1) There is created within the department a state security chief.

1871 (2) The state security chief:

1872 (a) is appointed by the commissioner with the approval of the governor;

1873 (b) is subject to the supervision and control of the commissioner;

1874 (c) may be removed at the will of the commissioner;

1875 (d) shall be qualified by experience and education to:

1876 (i) enforce the laws of this state relating to school safety;

1877 (ii) perform duties prescribed by the commissioner; and

1878 (iii) enforce rules made under this chapter.

1879 (3) The state security chief shall:

1880 (a) establish building and safety standards for all public and private schools, including:

1881 (i) coordinating with the State Board of Education to establish the required minimum
1882 safety and security standards for all public and private school facilities, including:

1883 (A) limited entry points, including, if applicable, secured entry points for specific
1884 student grades or groups;

1885 (B) video surveillance of entrances when school is in session;

1886 (C) ground level windows protected by security film or ballistic windows;

1887 (D) internal classroom door locks;

1888 (E) bleed kits and first aid kits;

1889 (F) exterior cameras on entrances, parking areas, and campus grounds; and

1890 (G) fencing around playgrounds;

1891 (ii) establishing a schedule or timeline for existing buildings to come into compliance
1892 with this section;

1893 (iii) creating a process to examine plans and specifications for construction or
1894 remodeling of a school building, in accordance with Section 53E-3-706;

1895 (iv) recommending to the commissioner the denial or revocation a public or private
1896 school's occupancy permit for a building if:

- 1897 (A) the building does not meet the standards established in this section; and
1898 (B) after consultation with the local governing board, the building remains
1899 non-compliant with the standards established in this section;
- 1900 (v) creating minimum standards for radio communication equipment in every school;
1901 and
1902 (vi) establishing a process to approve the safety and security criteria the state
1903 superintendent of public instruction establishes for building inspectors described
1904 in Section 53E-3-706;
- 1905 (b) oversee the implementation of the school safety personnel requirements described in
1906 Section 53G-8-701.5, including:
1907 (i) in consultation with a county security chief, overseeing the school guardian
1908 program described in Section 53-22-105, including approving and coordinating
1909 the relevant training programs;
1910 (ii) establishing an application process for approved alternatives to the school safety
1911 personnel requirements described in Section 53G-8-701.5;
1912 (iii) selecting training requirements for school safety and security specialists in
1913 consultation with the State Board of Education as described in Section
1914 53G-8-701.6;
1915 (iv) as required by Section 53G-8-701.8, tracking each school safety and security
1916 director for a local education agency and ensuring that the contact information for
1917 the school safety and security directors is readily available to the local law
1918 enforcement agency of relevant jurisdiction; and
1919 (v) reviewing and approving the State Board of Education's school resource officer
1920 training program as described in Section 53G-8-702;
- 1921 (c) oversee the creation of school safety trainings, protocols, and incident responses,
1922 including:
1923 (i) in consultation with the State Board of Education, defining what constitutes an
1924 "active threat" and "developmentally appropriate" for purposes of the emergency
1925 response training described in Section 53G-8-803;
1926 (ii) in consultation with the Office of Substance ~~Abuse~~ Use and Mental Health,
1927 establishing or selecting an adolescent mental health and de-escalation training for
1928 school safety personnel;
1929 (iii) consulting with the School Safety Center to develop the model critical incident
1930 response that all schools and law enforcement will use during a threat, including:

- 1931 (A) standardized response protocol terminology for use throughout the state,
1932 including what constitutes a threat;
- 1933 (B) protocols for planning and safety drills, including drills required in a school
1934 before the school year begins;
- 1935 (C) integration and appropriate use of a panic alert device described in Subsection
1936 53G-8-805;
- 1937 (D) the establishment of incident command for a threat or safety incident,
1938 including which entity and individual runs the incident command;
- 1939 (E) the required components for a communication plan to be followed during an
1940 incident or threat;
- 1941 (F) reunification plan protocols, including the appropriate design and use of an
1942 incident command by others responding to or involved in an incident; and
- 1943 (G) recommendations for safety equipment for schools, including amounts and
1944 types of first aid supplies;
- 1945 (iv) reviewing and suggesting any changes to the response plans and training under
1946 Section 53G-8-803;
- 1947 (v) creating the official standard response protocol described in Section 53G-8-803
1948 for use by schools and law enforcement for school safety incidents; and
- 1949 (vi) establishing a manner for any security personnel described in Section
1950 53G-8-701.5 to be quickly identified by law enforcement during an incident;
- 1951 (d) in consultation with the School Safety Center established in Section 53G-8-802:
- 1952 (i) create a process to receive and analyze the school safety needs assessments
1953 described in Section 53G-8-701.5; and
- 1954 (ii) establish a required data reporting system for public schools to report serious and
1955 non-serious threats and other data related to threat assessment that the state
1956 security chief determines to be necessary; and
- 1957 (e) fulfill any other duties and responsibilities determined by the commissioner.
- 1958 (4) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
1959 department, in consultation with the state security chief, shall make rules to fulfill the
1960 duties described in this section.
- 1961 (5) The state security chief may delegate duties under this section to a sworn department
1962 member with the approval of the commissioner.
- 1963 Section 29. Section **53-22-104.2** is amended to read:
- 1964 **53-22-104.2 . The School Security Task Force -- Education Advisory Board.**

- 1965 (1) There is created an advisory board to the task force called the Education Advisory
1966 Board.
- 1967 (2) The advisory board shall consist of the following members:
- 1968 (a) the state security chief, who acts as chair of the advisory board;
- 1969 (b) the construction and facility specialist at the State Board of Education;
- 1970 (c) a superintendent from a county of the fourth, fifth, or sixth class, whom the state
1971 security chief selects;
- 1972 (d) a superintendent from a county of the first, second, or third class, whom the state
1973 security chief selects;
- 1974 (e) a charter school director from a county of the fourth, fifth, or sixth class, whom the
1975 state security chief selects;
- 1976 (f) a charter school director from a county of the first, second, or third class, whom the
1977 state security chief selects;
- 1978 (g) the president of the Utah School Boards Association or the president's designee;
- 1979 (h) a parent representative from a school community council or parent teacher
1980 organization, whom the state security chief selects;
- 1981 (i) a facilities manager from an LEA in a county of the fourth, fifth, or sixth class, whom
1982 the state security chief selects;
- 1983 (j) a facilities manager from an LEA in county of the first, second, or third class, whom
1984 the state security chief selects;
- 1985 (k) a representative of private schools, whom the state security chief selects; and
- 1986 (l) a member of the Office of Substance [~~Abuse~~] Use and Mental Health, whom the state
1987 security chief selects.
- 1988 (3) The advisory board's purpose is to:
- 1989 (a) review and provide input on official business of the task force;
- 1990 (b) provide recommendations and suggestions for the task force's consideration; and
- 1991 (c) study and evaluate the policies, procedures, and programs implemented for school
1992 safety and provide proactive information regarding the implementation.
- 1993 (4)(a) A majority of the members of the advisory board constitutes a quorum.
- 1994 (b) The action of a majority of a quorum constitutes an action of the advisory board.
- 1995 (5)(a) The advisory board shall select two members to serve as co-chairs.
- 1996 (b) The co-chairs are responsible for the call and conduct of meetings.
- 1997 (6) The staff of the state security chief shall provide staff for the advisory board.
- 1998 (7) A member of the advisory board who is not a legislator may not receive compensation

1999 for the member's work associated with the task force but may receive per diem and
2000 reimbursement for travel expenses incurred as a member of the task force at the rates
2001 established by the Division of Finance under:
2002 (a) Sections 63A-3-106 and 63A-3-107; and
2003 (b) rules made by the Division of Finance in accordance with Sections 63A-3-106 and
2004 63A-3-107.
2005 Section 30. Section **53-22-105** is amended to read:
2006 **53-22-105 . School guardian program.**
2007 (1) As used in this section:
2008 (a) "Annual training" means an annual four-hour training that:
2009 (i) a county security chief or a designee administers;
2010 (ii) the state security chief approves;
2011 (iii) can be tailored to local needs;
2012 (iv) allows an individual to practice and demonstrate firearms proficiency at a
2013 firearms range using the firearm the individual carries for self defense and defense
2014 of others;
2015 (v) includes the following components:
2016 (A) firearm safety, including safe storage of a firearm;
2017 (B) de-escalation tactics;
2018 (C) the role of mental health in incidents; and
2019 (D) disability awareness and interactions; and
2020 (vi) contains other training needs as determined by the state security chief.
2021 (b) "Biannual training" means a twice-yearly training that:
2022 (i) is at least four hours, unless otherwise approved by the state security chief;
2023 (ii) a county security chief or a designee administers;
2024 (iii) the state security chief approves;
2025 (iv) can be tailored to local needs;[-and]
2026 (v) through which a school guardian at a school or simulated school environment:
2027 (A) receives training on the specifics of the building or buildings of the school,
2028 including the location of emergency supplies and security infrastructure; and
2029 (B) participates in a live-action practice plan with school administrators in
2030 responding to active threats at the school; and
2031 (vi) shall be taken with at least three months in between the two trainings.
2032 (c) "Firearm" means the same as that term is defined in Section 76-10-501.

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

2067 students;

2068 (B) the principal, teacher, or individual is employed at a school with adjacent

2069 campuses as determined by the state security chief; or

2070 (C) as provided in Subsection 53G-8-701.5(3).

2071 (g) "School guardian" means a school employee who meets the requirements of

2072 Subsection (3).

2073 (2)(a)(i) There is created within the department the school guardian program[;] .

2074 (ii) [~~the~~] The state security chief shall oversee the school guardian program[;] .

2075 (iii) [~~the~~] The applicable county security chief shall administer the school guardian

2076 program in each county.

2077 (b) The state security chief shall ensure that the school guardian program includes:

2078 (i) initial training;

2079 (ii) biannual training; and

2080 (iii) annual training.

2081 (c) A county sheriff may partner or contract with:

2082 (i) another county sheriff to support the respective county security chiefs in jointly

2083 administering the school guardian program in the relevant counties; and

2084 (ii) a local law enforcement agency of relevant jurisdiction to provide the:

2085 (A) initial training;

2086 (B) biannual training; and

2087 (C) annual training.

2088 (3)(a) A school employee that volunteers to participate is eligible to join the program as

2089 a school guardian if:

2090 (i) the school administrator approves the volunteer school employee to be designated

2091 as a school guardian;

2092 (ii) the school employee satisfactorily completes initial training within six months

2093 before the day on which the school employee joins the program;

2094 (iii) the school employee holds a valid concealed carry permit issued under Title 53,

2095 Chapter 5, Part 7, Concealed Firearm Act;

2096 (iv) the school employee certifies to the sheriff of the county where the school is

2097 located that the school employee has undergone the training in accordance with

2098 Subsection (3)(a)(ii) and intends to serve as a school guardian; and

2099 (v) the school employee successfully completes a mental health screening selected by

2100 the state security chief in collaboration with the Office of Substance [~~Abuse~~] Use

- 2101 and Mental Health established in Section 26B-5-102.
- 2102 (b) After joining the program a school guardian shall complete annual training and
2103 biannual training to retain the designation of a school guardian in the program.
- 2104 (4) The state security chief shall:
- 2105 (a) for each school that participates in the program, track each school guardian at the
2106 school by collecting the photograph and the name and contact information for each
2107 guardian;
- 2108 (b) make the information described in Subsection (4)(a) readily available to each law
2109 enforcement agency in the state categorized by school; and
- 2110 (c) provide each school guardian with a one-time stipend of \$500.
- 2111 (5) A school guardian:
- 2112 (a) may store the school guardian's firearm on the grounds of a school only if:
- 2113 (i) the firearm is stored in a biometric gun safe;
- 2114 (ii) the biometric gun safe is located in the school guardian's office; and
- 2115 (iii) the school guardian is physically present on the grounds of the school while the
2116 firearm is stored in the safe;
- 2117 (b) shall carry the school guardian's firearm in a concealed manner; and
- 2118 (c) may not, unless during an active threat, display or open carry a firearm while on
2119 school grounds.
- 2120 (6) Except as provided in Subsection (5)(c), this section does not prohibit an individual who
2121 has a valid concealed carry permit but is not participating in the program from carrying a
2122 firearm on the grounds of a public school or charter school under Subsection 76-10-505.5
2123 (4).
- 2124 (7) A school guardian:
- 2125 (a) does not have authority to act in a law enforcement capacity; and
- 2126 (b) may, at the school where the school guardian is employed:
- 2127 (i) take actions necessary to prevent or abate an active threat; and
- 2128 (ii) temporarily detain an individual when the school guardian has reasonable cause
2129 to believe the individual has committed or is about to commit a forcible felony, as
2130 that term is defined in Section 76-2-402.
- 2131 (8) A school may designate a single volunteer or multiple volunteers to participate in the
2132 school guardian program to satisfy the school safety personnel requirements of Section
2133 53G-8-701.5.
- 2134 (9) The department may adopt, according to Title 63G, Chapter 3, Utah Administrative

- 2135 Rulemaking Act, rules to administer this section.
- 2136 (10) A school guardian who has active status in the guardian program is not liable for any
2137 civil damages or penalties if the school guardian:
- 2138 (a) when carrying or storing a firearm:
- 2139 (i) is acting in good faith; and
- 2140 (ii) is not grossly negligent; or
- 2141 (b) threatens, draws, or otherwise uses a firearm reasonably believing the action to be
2142 necessary in compliance with Section 76-2-402.
- 2143 (11) A school guardian shall file a report described in Subsection (12) if, during the
2144 performance of the school guardian's duties, the school guardian points a firearm at an
2145 individual.
- 2146 (12)(a) A report described in Subsection (11) shall include:
- 2147 (i) a description of the incident;
- 2148 (ii) the identification of the individuals involved in the incident; and
- 2149 (iii) any other information required by the state security chief.
- 2150 (b) A school guardian shall submit a report required under Subsection (11) to the school
2151 administrator, school safety and security director, and the state security chief within
2152 48 hours after the incident.
- 2153 (c) The school administrator, school safety and security director, and the state security
2154 chief shall consult and review the report submitted under Subsection (12)(b).
- 2155 (13) The requirements of Subsections (11) and (12) do not apply to a training exercise.
- 2156 (14) A school guardian may have the designation of school guardian revoked at any time by
2157 the school principal, county sheriff, or state security chief.
- 2158 (15)(a) Any information or record created detailing a school guardian's participation in
2159 the program is:
- 2160 (i) a private, controlled, or protected record under Title 63G, Chapter 2, Government
2161 Records Access and Management Act; and
- 2162 (ii) available only to:
- 2163 (A) the state security chief;
- 2164 (B) administrators at the school guardian's school;
- 2165 (C) if applicable, other school safety personnel described in Section 53G-8-701.5;
- 2166 (D) a local law enforcement agency that would respond to the school in case of an
2167 emergency; and
- 2168 (E) the individual designated by the county sheriff in accordance with Section

2169 53-22-103 of the county of the school where the school guardian in the
2170 program is located.

2171 (b) The information or record described in Subsection (15)(a) includes information
2172 related to the school guardian's identity and activity within the program as described
2173 in this section and any personal identifying information of a school guardian
2174 participating in the program collected or obtained during initial training, annual
2175 training, and biannual training.

2176 (c) An individual who intentionally or knowingly provides the information described in
2177 Subsection (15)(a) to an individual or entity not listed in Subsection (15)(a)(ii) is
2178 guilty of a class B misdemeanor.

2179 Section 31. Section **53G-8-701.6** is amended to read:

2180 **53G-8-701.6 . School safety and security specialist.**

2181 (1) As used in this section, "principal" means the chief administrator at a public school,
2182 including:

2183 (a) a school principal;

2184 (b) a charter school director; or

2185 (c) the superintendent of the Utah Schools for the Deaf and the Blind.

2186 (2)(a) Subject to Subsection (2)(b) and except as provided in Subsection 53G-8-701.5

2186a (3),

2187 every campus within an LEA shall designate a school safety and security specialist
2188 from the employees of the relevant campus.

2189 (b) The school safety and security specialist:

2190 (i) may not be a principal; and

2191 (ii) may be the school safety and security director at one campus within the LEA.

2192 (3) The school safety and security specialist shall:

2193 (a) report directly to the principal;

2194 (b) oversee school safety and security practices to ensure a safe and secure school
2195 environment for students and staff;

2196 (c) ensure adherence with all policies, procedures, protocols, rules, and regulations
2197 relating to school safety and security through collaborating and maintaining effective
2198 communications with the following as applicable:

2199 (i) the principal;

2200 (ii) school staff;

2201 (iii) the school resource officer;

- 2202 (iv) the armed school security guard;
- 2203 (v) the school guardian;
- 2204 (vi) local law enforcement;
- 2205 (vii) the county security chief;
- 2206 (viii) the school safety and security director;
- 2207 (ix) the LEA; and
- 2208 (x) school-based behavioral and mental health professionals;
- 2209 (d) in collaboration with the county security chief or designee described in Section
- 2210 53-22-103:
- 2211 (i) conduct the school safety needs assessment described in Section 53G-8-701.5; and
- 2212 (ii) conduct a building safety evaluation at least annually using the results of the
- 2213 school safety needs assessment to recommend and implement improvements to
- 2214 school facilities, policies, procedures, protocols, rules, and regulations relating to
- 2215 school safety and security;
- 2216 (e) if the specialist is also an employee of an LEA, participate on the multidisciplinary
- 2217 team that the LEA establishes;
- 2218 (f) conduct a behavioral threat assessment when the school safety and security specialist
- 2219 deems necessary using an evidence-based tool the state security chief recommends in
- 2220 consultation with the school safety center and the Office of Substance [Abuse] Use
- 2221 and Mental Health;
- 2222 (g) regularly monitor and report to the principal, local law enforcement, and, if
- 2223 applicable, the LEA superintendent or designee, security risks for the school resulting
- 2224 from:
- 2225 (i) issues with school facilities; or
- 2226 (ii) the implementation of practices, policies, procedures, and protocols relating to
- 2227 school safety and security;
- 2228 (h) coordinate with local first responder agencies to implement and monitor safety and
- 2229 security drills in accordance with policy and applicable procedures and protocols;
- 2230 (i) ensure that school staff, and, when appropriate, students, receive training on and
- 2231 remain current on the school's safety and security procedures and protocols;
- 2232 (j) following an event where security of the school has been significantly compromised,
- 2233 organize a debriefing with the individuals listed in Subsection (3)(c) regarding
- 2234 strengthening school safety and security practices, policies, procedures, and protocols;
- 2235 (k) abide by any LEA, school, or law enforcement agency policy outlining the chain of

2236 command;

2237 (l) during an emergency, coordinate with the following individuals as applicable, the:

2238 (i) school resource officer;

2239 (ii) school guardians;

2240 (iii) armed school security guards;

2241 (iv) school administrators; and

2242 (v) responding law enforcement officers;

2243 (m) follow any LEA, school, or law enforcement agency student privacy policies,

2244 including state and federal privacy laws;

2245 (n) participate in an annual training the state security chief selects in consultation with

2246 the School Safety Center; and

2247 (o) remain current on:

2248 (i) a comprehensive school guideline the state security chief selects;

2249 (ii) the duties of a school safety and security specialist described in this Subsection

2249a (3);

2250 and

2251 (iii) the school's emergency response plan.

2252 (4) During an active emergency at the school, the school safety and security specialist is

2253 subordinate to any responding law enforcement officers.

2254 Section 32. Section **63I-1-281** is amended to read:

2255 **63I-1-281 . Repeal dates: Title 81.**

2256 Title 81, Chapter 6, Part 4, Child Support Guidelines Advisory Committee, is repealed [

2257 ~~July 1, 2026~~] May 7, 2025.

2258 Section 33. Section **80-2-709** is amended to read:

2259 **80-2-709 . Division access to criminal background information for background**

2260 **screening and investigation.**

2261 (1) The division shall have direct access to criminal background information maintained

2262 under Title 53, Chapter 10, Part 2, Bureau of Criminal Identification, for the purpose of:

2263 (a) background screening under this chapter, Chapter 2a, Removal and Protective

2264 Custody of a Child, or Chapter 3, Abuse, Neglect, and Dependency Proceedings,

2265 including background screening of an individual who has direct access, as defined in

2266 Section [~~62A-2-101~~] 26B-2-101, to a minor:

2267 (i) who is alleged to be or has been abused, neglected, or dependent; and

2268 (ii) for whom the division has an open case; or

2269 (b) investigation of abuse or neglect under this chapter, Chapter 2a, Removal and
2270 Protective Custody of a Child, or Chapter 3, Abuse, Neglect, and Dependency
2271 Proceedings.

2272 (2) Except as provided in Section 80-3-305, the division and the Office of Guardian Ad
2273 Litem are authorized to request the Department of Public Safety to conduct a complete
2274 Federal Bureau of Investigation criminal background check through the national
2275 criminal history system (NCIC).

2276 Section 34. **Repealer.**

2277 This bill repeals:

2278 Section **26B-7-102, Director of family health services programs.**

2279 Section 35. **Effective Date.**

2280 This bill takes effect on May 7, 2025.