

Representative Karianne Lisonbee proposes the following substitute bill:

HEALTH DATA AUTHORITY AMENDMENTS

2024 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Rosemary T. Lesser

Senate Sponsor: Michael S. Kennedy

LONG TITLE

General Description:

This bill modifies provisions related to the Department of Health and Human Services' health data authority.

Highlighted Provisions:

This bill:

- ▶ modifies the membership of the Health Data Committee;
- ▶ transfers duties from the Health Data Committee to the Department of Health and Human Services;
- ▶ modifies requirements related to obtaining health data;
- ▶ extends the sunset date related to the Department of Health and Human Services' health data authority; and
- ▶ makes technical changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

This bill provides a special effective date.

Utah Code Sections Affected:

AMENDS:



26 **26B-1-413**, as renumbered and amended by Laws of Utah 2023, Chapter 305
27 **26B-4-106 (Superseded 07/01/24)**, as renumbered and amended by Laws of Utah
28 2023, Chapter 307
29 **26B-8-501**, as renumbered and amended by Laws of Utah 2023, Chapter 306
30 **26B-8-502**, as renumbered and amended by Laws of Utah 2023, Chapter 306
31 **26B-8-503**, as renumbered and amended by Laws of Utah 2023, Chapter 306
32 **26B-8-504**, as renumbered and amended by Laws of Utah 2023, Chapter 306
33 **26B-8-505**, as renumbered and amended by Laws of Utah 2023, Chapter 306
34 **26B-8-506**, as renumbered and amended by Laws of Utah 2023, Chapter 306
35 **26B-8-507**, as renumbered and amended by Laws of Utah 2023, Chapter 306
36 **26B-8-508**, as renumbered and amended by Laws of Utah 2023, Chapter 306
37 **53-2d-203 (Effective 07/01/24)**, as renumbered and amended by Laws of Utah 2023,
38 Chapters 307, 310
39 **63A-13-301**, as last amended by Laws of Utah 2023, Chapter 329
40 **63I-1-226 (Superseded 07/01/24)**, as last amended by Laws of Utah 2023, Chapters
41 249, 269, 270, 275, 332, 335, 420, and 495 and repealed and reenacted by Laws of
42 Utah 2023, Chapter 329
43 **63I-1-226 (Effective 07/01/24)**, as last amended by Laws of Utah 2023, Chapters 249,
44 269, 270, 275, 310, 332, 335, 420, and 495 and repealed and reenacted by Laws of
45 Utah 2023, Chapter 329 and last amended by Coordination Clause, Laws of Utah
46 2023, Chapters 329, 332
47 ENACTS:
48 **26B-8-501.1**, Utah Code Annotated 1953

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

51 Section 1. Section **26B-1-413** is amended to read:

52 **26B-1-413. Health Data Committee -- Purpose, powers, and duties of the**
53 **committee -- Membership -- Terms -- Chair -- Compensation.**

54 (1) The definitions in Section **26B-8-501** apply to this section.

55 (2) ~~[(a)]~~ There is created within the department the Health Data Committee.

56 ~~[(b)] The purpose of the committee is to direct a statewide effort to collect, analyze, and~~

57 distribute health care data to facilitate the promotion and accessibility of quality and
58 cost-effective health care and also to facilitate interaction among those with concern for health
59 care issues.]

60 (3) The committee shall advise and consult with the department related to the
61 department's duties under Chapter 5, Part 8, Utah Health Data Authority.

62 ~~[(3) The committee shall:]~~

63 ~~[(a) with the concurrence of the department and in accordance with Title 63G, Chapter~~
64 ~~3, Utah Administrative Rulemaking Act, develop and adopt by rule, following public hearing~~
65 ~~and comment, a health data plan that shall among its elements:]~~

66 ~~[(i) identify the key health care issues, questions, and problems amenable to resolution~~
67 ~~or improvement through better data, more extensive or careful analysis, or improved~~
68 ~~dissemination of health data;]~~

69 ~~[(ii) document existing health data activities in the state to collect, organize, or make~~
70 ~~available types of data pertinent to the needs identified in Subsection (3)(a)(i);]~~

71 ~~[(iii) describe and prioritize the actions suitable for the committee to take in response~~
72 ~~to the needs identified in Subsection (3)(a)(i) in order to obtain or to facilitate the obtaining of~~
73 ~~needed data, and to encourage improvements in existing data collection, interpretation, and~~
74 ~~reporting activities, and indicate how those actions relate to the activities identified under~~
75 ~~Subsection (3)(a)(ii);]~~

76 ~~[(iv) detail the types of data needed for the committee's work, the intended data~~
77 ~~suppliers, and the form in which such data are to be supplied, noting the consideration given to~~
78 ~~the potential alternative sources and forms of such data and to the estimated cost to the~~
79 ~~individual suppliers as well as to the department of acquiring these data in the proposed~~
80 ~~manner; the plan shall reasonably demonstrate that the committee has attempted to maximize~~
81 ~~cost-effectiveness in the data acquisition approaches selected;]~~

82 ~~[(v) describe the types and methods of validation to be performed to assure data~~
83 ~~validity and reliability;]~~

84 ~~[(vi) explain the intended uses of and expected benefits to be derived from the data~~
85 ~~specified in Subsection (3)(a)(iv), including the contemplated tabulation formats and analysis~~
86 ~~methods; the benefits described shall demonstrably relate to one or more of the following:]~~

87 ~~[(A) promoting quality health care;]~~

88 ~~[(B) managing health care costs; or]~~

89 ~~[(C) improving access to health care services;]~~

90 ~~[(vii) describe the expected processes for interpretation and analysis of the data flowing~~
91 ~~to the committee; noting specifically the types of expertise and participation to be sought in~~
92 ~~those processes; and]~~

93 ~~[(viii) describe the types of reports to be made available by the committee and the~~
94 ~~intended audiences and uses;]~~

95 ~~[(b) have the authority to collect, validate, analyze, and present health data in~~
96 ~~accordance with the plan while protecting individual privacy through the use of a control~~
97 ~~number as the health data identifier;]~~

98 ~~[(c) evaluate existing identification coding methods and, if necessary, require by rule~~
99 ~~adopted in accordance with Subsection (4), that health data suppliers use a uniform system for~~
100 ~~identification of patients, health care facilities, and health care providers on health data they~~
101 ~~submit under this section and Chapter 8, Part 5, Utah Health Data Authority; and]~~

102 ~~[(d) advise, consult, contract, and cooperate with any corporation, association, or other~~
103 ~~entity for the collection, analysis, processing, or reporting of health data identified by control~~
104 ~~number only in accordance with the plan.]~~

105 ~~[(4) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,~~
106 ~~the committee, with the concurrence of the department, may adopt rules to carry out the~~
107 ~~provisions of this section and Chapter 8, Part 5, Utah Health Data Authority.]~~

108 ~~[(5) (a) Except for data collection, analysis, and validation functions described in this~~
109 ~~section, nothing in this section or in Chapter 8, Part 5, Utah Health Data Authority, shall be~~
110 ~~construed to authorize or permit the committee to perform regulatory functions which are~~
111 ~~delegated by law to other agencies of the state or federal governments or to perform quality~~
112 ~~assurance or medical record audit functions that health care facilities, health care providers, or~~
113 ~~third party payors are required to conduct to comply with federal or state law.]~~

114 ~~[(b) The committee may not recommend or determine whether a health care provider,~~
115 ~~health care facility, third party payor, or self-funded employer is in compliance with federal or~~
116 ~~state laws including federal or state licensure, insurance, reimbursement, tax, malpractice, or~~
117 ~~quality assurance statutes or common law.]~~

118 ~~[(6) (a) Nothing in this section or in Chapter 8, Part 5, Utah Health Data Authority,~~

shall be construed to require a data supplier to supply health data identifying a patient by name or describing detail on a patient beyond that needed to achieve the approved purposes included in the plan.]

~~[(7) No request for health data shall be made of health care providers and other data suppliers until a plan for the use of such health data has been adopted.]~~

~~[(8) (a) If a proposed request for health data imposes unreasonable costs on a data supplier, due consideration shall be given by the committee to altering the request.]~~

~~[(b) If the request is not altered, the committee shall pay the costs incurred by the data supplier associated with satisfying the request that are demonstrated by the data supplier to be unreasonable.]~~

~~[(9) After a plan is adopted as provided in Section 26B-8-504, the committee may require any data supplier to submit fee schedules, maximum allowable costs, area prevailing costs, terms of contracts, discounts, fixed reimbursement arrangements, capitations, or other specific arrangements for reimbursement to a health care provider.]~~

~~[(10) (a) The committee may not publish any health data collected under Subsection (9) that would disclose specific terms of contracts, discounts, or fixed reimbursement arrangements, or other specific reimbursement arrangements between an individual provider and a specific payer.]~~

~~[(b) Nothing in Subsection (9) shall prevent the committee from requiring the submission of health data on the reimbursements actually made to health care providers from any source of payment, including consumers.]~~

~~[(11)]~~ (4) The committee shall be composed of ~~[15]~~ 19 members.

~~[(12)]~~ (5) (a) ~~[One member]~~ Five members shall be:

(i) the commissioner of the Utah Insurance Department~~[, or (ii)]~~ or the commissioner's designee who shall have knowledge regarding the health care system and characteristics and use of health data~~[-];~~

(ii) two legislators jointly appointed by the speaker of the House of Representatives and the president of the Senate;

(iii) one advocate for data privacy jointly appointed by the speaker of the House of Representatives and the president of the Senate; and

(iv) one member of the public with knowledge regarding data privacy jointly appointed

by the speaker of the House of Representatives and the president of the Senate.

(b) [(†)] Fourteen members shall be appointed by the governor with the advice and consent of the Senate in accordance with Subsection [(†3)] (6) and in accordance with Title 63G, Chapter 24, Part 2, Vacancies.

~~[(ii) No more than seven members of the committee appointed by the governor may be members of the same political party.]~~

[(†3)] (6) The members of the committee appointed under Subsection [(†2)(b)] (5)(b) shall:

(a) be knowledgeable regarding the health care system and the characteristics and use of health data;

(b) be selected so that the committee at all times includes individuals who provide care;

(c) include one person employed by or otherwise associated with a general acute hospital as defined in Section 26B-2-201, who is knowledgeable about the collection, analysis, and use of health care data;

(d) include two physicians, as defined in Section 58-67-102:

(i) who are licensed to practice in this state;

(ii) who actively practice medicine in this state;

(iii) who are trained in or have experience with the collection, analysis, and use of health care data; and

(iv) one of whom is selected by the Utah Medical Association;

(e) include three persons:

(i) who are:

(A) employed by or otherwise associated with a business that supplies health care insurance to the business's employees; and

(B) knowledgeable about the collection and use of health care data; and

(ii) at least one of whom represents an employer employing 50 or fewer employees;

(f) include three persons representing health insurers:

(i) at least one of whom is employed by or associated with a third-party payor that is not licensed under Title 31A, Chapter 8, Health Maintenance Organizations and Limited Health Plans;

(ii) at least one of whom is employed by or associated with a third party that is licensed under Title 31A, Chapter 8, Health Maintenance Organizations and Limited Health Plans; and

(iii) who are trained in, or experienced with the collection, analysis, and use of health care data;

(g) include two consumer representatives:

(i) from organized consumer or employee associations; and

(ii) knowledgeable about the collection and use of health care data;

(h) include one person:

(i) representative of a neutral, non-biased entity that can demonstrate that the entity has the broad support of health care payers and health care providers; and

(ii) who is knowledgeable about the collection, analysis, and use of health care data;

and

(i) include two persons representing public health who are trained in or experienced with the collection, use, and analysis of health care data.

~~[(14)]~~ (7) (a) Except as required by Subsection ~~[(14)(b)]~~ (7)(b), as terms of current committee members expire, the governor shall appoint each new member or reappointed member to a four-year term.

(b) Notwithstanding the requirements of Subsection ~~[(14)(a)]~~ (7)(a), the governor shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of committee members are staggered so that approximately half of the committee is appointed every two years.

(c) Members may serve after the members' terms expire until replaced.

~~[(15)]~~ (8) When a vacancy occurs in the membership for any reason, the replacement shall be appointed for the unexpired term.

~~[(16)]~~ (9) Committee members shall annually elect a chair of the committee from among the committee's membership. The chair shall report to the executive director.

~~[(17)]~~ (10) (a) The committee shall meet at least once during each calendar quarter. Meeting dates shall be set by the chair upon 10 working days' notice to the other members, or upon written request by at least four committee members with at least 10 working days' notice to other committee members.

(b) ~~[Eight]~~ Ten committee members constitute a quorum for the transaction of

business. Action may not be taken except upon the affirmative vote of a majority of a quorum of the committee.

(c) All meetings of the committee shall be open to the public, except that the committee may hold a closed meeting if the requirements of Sections 52-4-204, 52-4-205, and 52-4-206 are met.

~~[(18)]~~ (11) A member:

(a) may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:

(i) Section 63A-3-106;

(ii) Section 63A-3-107; and

(iii) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107; and

(b) shall comply with the conflict of interest provisions described in Title 63G, Chapter 24, Part 3, Conflicts of Interest.

Section 2. Section 26B-4-106 (Superseded 07/01/24) is amended to read:

26B-4-106 (Superseded 07/01/24). Data collection.

(1) The committee shall specify the information that shall be collected for the emergency medical services data system established pursuant to Subsection (2).

(2) (a) The department shall establish an emergency medical services data system, which shall provide for the collection of information, as defined by the committee, relating to the treatment and care of patients who use or have used the emergency medical services system.

(b) The committee shall coordinate with the ~~[Health Data Authority created in Chapter 8, Part 5, Utah Health Data Authority]~~ department, to create a report of data collected by the ~~[Health Data Committee]~~ department under Section 26B-8-504 regarding:

(i) appropriate analytical methods;

(ii) the total amount of air ambulance flight charges in the state for a one-year period; and

(iii) of the total number of flights in a one-year period under Subsection (2)(b)(ii):

(A) the number of flights for which a patient had no personal responsibility for paying part of the flight charges;

(B) the number of flights for which a patient had personal responsibility to pay all or part of the flight charges;

(C) the range of flight charges for which patients had personal responsibility under Subsection (2)(b)(iii)(B), including the median amount for paid patient personal responsibility; and

(D) the name of any air ambulance provider that received a median paid amount for patient responsibility in excess of the median amount for all paid patient personal responsibility during the reporting year.

(c) The department may share, with the Department of Public Safety, information from the emergency medical services data system that:

(i) relates to traffic incidents;

(ii) is for the improvement of traffic safety;

(iii) may not be used for the prosecution of criminal matters; and

(iv) may not include any personally identifiable information.

(3) (a) On or before October 1, the department shall make the information in Subsection (2)(b) public and send the information in Subsection (2)(b) to public safety dispatchers and first responders in the state.

(b) Before making the information in Subsection (2)(b) public, the committee shall provide the air ambulance providers named in the report with the opportunity to respond to the accuracy of the information in the report under Section 26B-8-506.

(4) Persons providing emergency medical services:

(a) shall provide information to the department for the emergency medical services data system established pursuant to Subsection (2)(a);

(b) are not required to provide information to the department under Subsection (2)(b); and

(c) may provide information to the department under Subsection (2)(b) or (3)(b).

Section 3. Section 26B-8-501 is amended to read:

26B-8-501. Definitions.

As used in this part:

(1) "Committee" means the Health Data Committee created in Section 26B-1-413.

(2) "Control number" means [a number assigned by the committee to an individual's

health data as an identifier so that the health data can be disclosed or used in research and statistical analysis without readily identifying the individual] a number or other identifier that:

(a) is assigned by the department to an individual's health data;

(b) is consistent with the best practices of data privacy; and

(c) is used to ensure health data is not able to be readily associated with an individual when the health data is provided for research or statistical analysis.

(3) "Data supplier" means a health care facility, health care provider, self-funded employer, third-party payor, health maintenance organization, or government department which could reasonably be expected to provide health data under this part.

(4) "Disclosure" or "disclose" means the communication of health care data to any individual or organization outside the ~~[committee]~~ department, its staff, and contracting agencies.

(5) (a) "Health care facility" means a facility that is licensed by the department under Chapter 2, Part 2, Health Care Facility Licensing and Inspection.

(b) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the ~~[committee, with the concurrence of the department]~~ department, in consultation with the committee, may by rule add, delete, or modify the list of facilities that come within this definition for purposes of this part.

(6) "Health care provider" means the same as that term is defined in Section [78B-3-403](#).

(7) "Health data" means information relating to the health status of individuals, health services delivered, the availability of health manpower and facilities, and the use and costs of resources and services to the consumer, except vital records as defined in Section [26B-8-101](#) shall be excluded.

(8) "Health maintenance organization" means the same as that term is defined in Section [31A-8-101](#).

(9) "Identifiable health data" means any item, collection, or grouping of health data that makes the individual supplying or described in the health data identifiable.

(10) "Organization" means any corporation, association, partnership, agency, department, unit, or other legally constituted institution or entity, or part thereof.

(11) "Research and statistical analysis" means activities using health data analysis

including:

(a) describing the group characteristics of individuals or organizations;

(b) analyzing the noncompliance among the various characteristics of individuals or organizations;

(c) conducting statistical procedures or studies to improve the quality of health data;

(d) designing sample surveys and selecting samples of individuals or organizations;

and

(e) preparing and publishing reports describing these matters.

(12) "Self-funded employer" means an employer who provides for the payment of health care services for employees directly from the employer's funds, thereby assuming the financial risks rather than passing them on to an outside insurer through premium payments.

(13) "Plan" means the plan developed and adopted by the ~~[Health Data Committee]~~ department under ~~[Section 26B-1-413]~~ this part.

(14) "Third party payor" means:

(a) an insurer offering a health benefit plan, as defined by Section 31A-1-301, to at least 2,500 enrollees in the state;

(b) a nonprofit health service insurance corporation licensed under Title 31A, Chapter 7, Nonprofit Health Service Insurance Corporations;

(c) a program funded or administered by Utah for the provision of health care services, including the Medicaid and medical assistance programs described in Chapter 3, Part 1, Health Care Assistance; and

(d) a corporation, organization, association, entity, or person:

(i) which administers or offers a health benefit plan to at least 2,500 enrollees in the state; and

(ii) which is required by administrative rule adopted by the department in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to supply health data to the ~~[committee]~~ department.

Section 4. Section 26B-8-501.1 is enacted to read:

26B-8-501.1. Health data authority duties.

(1) The department shall:

(a) in consultation with the committee and in accordance with Title 63G, Chapter 3,

Utah Administrative Rulemaking Act, develop and adopt by rule, following public hearing and comment, a health data plan that shall among its elements:

(i) identify the key health care issues, questions, and problems amenable to resolution or improvement through better data, more extensive or careful analysis, or improved dissemination of health data;

(ii) document existing health data activities in the state to collect, organize, or make available types of data pertinent to the needs identified in Subsection (1)(a)(i);

(iii) describe and prioritize the actions suitable for the department to take in response to the needs identified in Subsection (1)(a)(i) in order to obtain or to facilitate the obtaining of needed data, and to encourage improvements in existing data collection, interpretation, and reporting activities, and indicate how those actions relate to the activities identified under Subsection (1)(a)(ii);

(iv) detail the types of data needed for the department's work, the intended data suppliers, and the form in which such data are to be supplied, noting the consideration given to the potential alternative sources and forms of such data and to the estimated cost to the individual suppliers as well as to the department of acquiring the data in the proposed manner and reasonably demonstrate that the department has attempted to maximize cost-effectiveness in the data acquisition approaches selected;

(v) describe the types and methods of validation to be performed to assure data validity and reliability;

(vi) explain the intended uses of and expected benefits to be derived from the data specified in Subsection (1)(a)(iv), including the contemplated tabulation formats and analysis methods; the benefits described shall demonstrably relate to one or more of the following:

(A) promoting quality health care;

(B) managing health care costs; or

(C) improving access to health care services;

(vii) describe the expected processes for interpretation and analysis of the data flowing to the department, noting specifically the types of expertise and participation to be sought in those processes; and

(viii) describe the types of reports to be made available by the department and the intended audiences and uses;

367 (b) have the authority to collect, validate, analyze, and present health data in
368 accordance with the plan while protecting individual privacy through the use of the best
369 practices of data privacy;

370 (c) evaluate existing identification coding methods and, if necessary, require by rule
371 adopted in accordance with Subsection (2), that health data suppliers use a uniform system for
372 identification of patients, health care facilities, and health care providers on health data they
373 submit under this section and Chapter 8, Part 5, Utah Health Data Authority; and

374 (d) advise, consult, contract, and cooperate with any corporation, association, or other
375 entity for the collection, analysis, processing, or reporting of health data.

376 (2) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
377 department, in consultation with the committee, may adopt rules to carry out the provisions of
378 this section and Chapter 8, Part 5, Utah Health Data Authority.

379 (3) (a) Except for data collection, analysis, and validation functions described in this
380 section, nothing in this part shall be construed to authorize or permit the department to perform
381 regulatory functions which are delegated by law to other agencies of the state or federal
382 governments or to perform quality assurance or medical record audit functions that health care
383 facilities, health care providers, or third party payors are required to conduct to comply with
384 federal or state law.

385 (b) The department may not recommend or determine whether a health care provider,
386 health care facility, third party payor, or self-funded employer is in compliance with federal or
387 state laws including federal or state licensure, insurance, reimbursement, tax, malpractice, or
388 quality assurance statutes or common law.

389 (4) Nothing in this part, shall be construed to require a data supplier to supply health
390 data identifying a patient by name or describing detail on a patient beyond that needed to
391 achieve the approved purposes included in the plan.

392 (5) No request for health data shall be made of health care providers and other data
393 suppliers until a plan for the use of such health data has been adopted.

394 (6) (a) If a proposed request for health data imposes unreasonable costs on a data
395 supplier, due consideration shall be given by the department to altering the request.

396 (b) If the request is not altered, the department shall pay the costs incurred by the data
397 supplier associated with satisfying the request that are demonstrated by the data supplier to be

unreasonable.

(7) After a plan is adopted as provided in Section [26B-8-504](#), the department may require any data supplier to submit fee schedules, maximum allowable costs, area prevailing costs, terms of contracts, discounts, fixed reimbursement arrangements, capitations, or other specific arrangements for reimbursement to a health care provider.

(8) (a) The department may not publish any health data collected under Subsection (7) that would disclose specific terms of contracts, discounts, or fixed reimbursement arrangements, or other specific reimbursement arrangements between an individual provider and a specific payer.

(b) Nothing in Subsection (7) shall prevent the department from requiring the submission of health data on the reimbursements actually made to health care providers from any source of payment, including consumers.

(9) Any data collected by the department shall be done in accordance with state and federal data privacy laws.

(10) (a) The department shall:

(i) create an opt-out system where an individual may choose to have an individual's identifiable health data suppressed or restricted from being accessible for department duties described under this part;

(ii) maintain a list of people who have opted out for use in accordance with Subsection (10)(b); and

(iii) provide instructions for the opt-out system described in Subsection (10)(a)(i) in a conspicuous location on the department's website.

(b) For an individual who opts out under Subsection (10)(a), the department may not share, analyze, or use any identifiable health data from the health data obtained under this part for the individual, including data previously obtained under this part.

(11) (a) For identifiable health data, the department shall:

(i) use the minimum necessary data to accomplish the duties described in this part; and

(ii) only use personally identifiable information for:

(A) quality assurance;

(B) referential integrity; or

(C) complying with breach notification requirements.

(b) If the department receives an individual's social security number with data obtained under this part, the department may not share any part of the social security number with any person.

(12) The department shall annually report to the Health and Human Services Interim Committee regarding privacy practices and efforts the department is undertaking to enhance data privacy.

(13) (a) Before October 1, 2024, the department shall review all state statutory mandates related to the collection of any form of health data and provide a written report to the Health and Human Services Interim Committee outlining the mandates that are older than 10 years old with:

(i) a description regarding how the data is used; and
(ii) a recommendation regarding whether the department should continue collecting the data.

(b) The department may request assistance from the Office of Legislative Research and General Counsel to determine when statutory mandates were enacted.

Section 5. Section **26B-8-502** is amended to read:

26B-8-502. Executive secretary -- Appointment -- Powers.

(1) An executive secretary shall be appointed by the executive director, ~~[with the approval of the]~~ in consultation with the committee, and shall serve under the administrative direction of the executive director.

(2) The executive secretary shall:

(a) employ full-time employees necessary to carry out this part;

(b) supervise the development of a draft health data plan for the ~~[committee's]~~ department's review, modification, and approval; and

(c) supervise and conduct the staff functions of the committee in order to assist the committee in meeting its responsibilities under this part.

Section 6. Section **26B-8-503** is amended to read:

26B-8-503. Limitations on use of health data.

The ~~[committee]~~ department may not use the health data provided to it by third-party payors, health care providers, or health care facilities to make recommendations with regard to a single health care provider or health care facility, or a group of health care providers or health

care facilities.

Section 7. Section **26B-8-504** is amended to read:

26B-8-504. Health care cost and reimbursement data.

(1) The [~~committee~~] department shall, as funding is available:

(a) establish a plan for collecting data from data suppliers to determine measurements of cost and reimbursements for risk-adjusted episodes of health care;

(b) share data regarding insurance claims and an individual's and small employer group's health risk factor and characteristics of insurance arrangements that affect claims and usage with the Insurance Department, only to the extent necessary for:

(i) risk adjusting; and

(ii) the review and analysis of health insurers' premiums and rate filings; and

(c) assist the Legislature and the public with awareness of, and the promotion of, transparency in the health care market by reporting on:

(i) geographic variances in medical care and costs as demonstrated by data available to the [~~committee~~] department; and

(ii) rate and price increases by health care providers:

(A) that exceed the Consumer Price Index - Medical as provided by the United States Bureau of Labor Statistics;

(B) as calculated yearly from June to June; and

(C) as demonstrated by data available to the [~~committee~~] department;

(d) provide on at least a monthly basis, enrollment data collected by the [~~committee~~] department to a not-for-profit, broad-based coalition of state health care insurers and health care providers that are involved in the standardized electronic exchange of health data as described in Section [31A-22-614.5](#), to the extent necessary:

(i) for the department or the Medicaid Office of the Inspector General to determine insurance enrollment of an individual for the purpose of determining Medicaid third party liability;

(ii) for an insurer that is a data supplier, to determine insurance enrollment of an individual for the purpose of coordination of health care benefits; and

(iii) for a health care provider, to determine insurance enrollment for a patient for the purpose of claims submission by the health care provider;

(e) coordinate with the State Emergency Medical Services Committee to publish data regarding air ambulance charges under Section 26B-4-106;

(f) share data collected under this part with the state auditor for use in the health care price transparency tool described in Section 67-3-11; and

(g) publish annually a report on primary care spending within Utah.

(2) A data supplier is not liable for a breach of or unlawful disclosure of the data caused by an entity that obtains data in accordance with Subsection (1).

(3) The plan adopted under Subsection (1) shall include:

(a) the type of data that will be collected;

(b) how the data will be evaluated;

(c) how the data will be used;

(d) the extent to which, and how the data will be protected; and

(e) who will have access to the data.

Section 8. Section 26B-8-505 is amended to read:

26B-8-505. Comparative analyses.

(1) The [~~committee~~] department may publish compilations or reports that compare and identify health care providers or data suppliers from the data it collects under this part or from any other source.

(2) (a) Except as provided in Subsection (7)(c), the [~~committee~~] department shall publish compilations or reports from the data it collects under this part or from any other source which:

(i) contain the information described in Subsection (2)(b); and

(ii) compare and identify by name at least a majority of the health care facilities, health care plans, and institutions in the state.

(b) Except as provided in Subsection (7)(c), the report required by this Subsection (2) shall:

(i) be published at least annually;

(ii) list, as determined by the [~~committee~~] department, the median paid amount for at least the top 50 medical procedures performed in the state by volume;

(iii) describe the methodology approved by the [~~committee~~] department to determine the amounts described in Subsection (2)(b)(ii); and

(iv) contain comparisons based on at least the following factors:

(A) nationally or other generally recognized quality standards;

(B) charges; and

(C) nationally recognized patient safety standards.

(3) (a) The ~~[committee]~~ department may contract with a private, independent analyst to evaluate the standard comparative reports of the ~~[committee]~~ department that identify, compare, or rank the performance of data suppliers by name.

(b) The evaluation described in this Subsection (3) shall include a validation of statistical methodologies, limitations, appropriateness of use, and comparisons using standard health services research practice.

(c) The independent analyst described in Subsection (3)(a) shall be experienced in analyzing large databases from multiple data suppliers and in evaluating health care issues of cost, quality, and access.

(d) The results of the analyst's evaluation shall be released to the public before the standard comparative analysis upon which it is based may be published by the ~~[committee]~~ department.

(4) The ~~[committee, with the concurrence of the department,]~~ department, in consultation with the committee shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to adopt a timetable for the collection and analysis of data from multiple types of data suppliers.

(5) The comparative analysis required under Subsection (2) shall be available free of charge and easily accessible to the public.

(6) (a) The department shall include in the report required by Subsection (2)(b), or include in a separate report, comparative information on commonly recognized or generally agreed upon measures of cost and quality identified in accordance with Subsection (7), for:

(i) routine and preventive care; and

(ii) the treatment of diabetes, heart disease, and other illnesses or conditions as determined by the ~~[committee]~~ department.

(b) The comparative information required by Subsection (6)(a) shall be based on data collected under Subsection (2) and clinical data that may be available to the ~~[committee]~~ department, and shall compare:

- 553 (i) results for health care facilities or institutions;
554 (ii) results for health care providers by geographic regions of the state;
555 (iii) a clinic's aggregate results for a physician who practices at a clinic with five or
556 more physicians; and
557 (iv) a geographic region's aggregate results for a physician who practices at a clinic
558 with less than five physicians, unless the physician requests physician-level data to be
559 published on a clinic level.
- 560 (c) The department:
561 (i) may publish information required by this Subsection (6) directly or through one or
562 more nonprofit, community-based health data organizations; and
563 (ii) may use a private, independent analyst under Subsection (3)(a) in preparing the
564 report required by this section.
- 565 (d) A report published by the department under this Subsection (6):
566 (i) is subject to the requirements of Section 26B-8-506; and
567 (ii) shall, prior to being published by the department, be submitted to a neutral,
568 non-biased entity with a broad base of support from health care payers and health care
569 providers in accordance with Subsection (7) for the purpose of validating the report.
- 570 (7) (a) [~~The Health Data Committee shall, through the~~] The department, for purposes
571 of Subsection (6)(a), use the quality measures that are developed and agreed upon by a neutral,
572 non-biased entity with a broad base of support from health care payers and health care
573 providers.
- 574 (b) If the entity described in Subsection (7)(a) does not submit the quality measures,
575 the department may select the appropriate number of quality measures for purposes of the
576 report required by Subsection (6).
- 577 (c) (i) For purposes of the reports published on or after July 1, 2014, the department
578 may not compare individual facilities or clinics as described in Subsections (6)(b)(i) through
579 (iv) if the department determines that the data available to the department can not be
580 appropriately validated, does not represent nationally recognized measures, does not reflect the
581 mix of cases seen at a clinic or facility, or is not sufficient for the purposes of comparing
582 providers.
- 583 (ii) The department shall report to the [~~Legislature's~~] Health and Human Services

Interim Committee prior to making a determination not to publish a report under Subsection (7)(c)(i).

Section 9. Section **26B-8-506** is amended to read:

26B-8-506. Limitations on release of reports.

The [~~committee~~] department may not release a compilation or report that compares and identifies health care providers or data suppliers unless it:

(1) allows the data supplier and the health care provider to verify the accuracy of the information submitted to the [~~committee~~] department and submit to the [~~committee~~] department any corrections of errors with supporting evidence and comments within a reasonable period of time to be established by rule, with the concurrence of the department, made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act;

(2) corrects data found to be in error; and

(3) allows the data supplier a reasonable amount of time prior to publication to review the [~~committee's~~] department's interpretation of the data and prepare a response.

Section 10. Section **26B-8-507** is amended to read:

26B-8-507. Disclosure of identifiable health data prohibited.

(1) (a) All information, reports, statements, memoranda, or other data received by the [~~committee~~] department are strictly confidential.

(b) Any use, release, or publication of the information shall be done in such a way that no person is identifiable except as provided in Sections [26B-8-506](#) and [26B-8-508](#).

(2) No member of the [~~committee~~] department may be held civilly liable by reason of having released or published reports or compilations of data supplied to the [~~committee~~] department, so long as the publication or release is in accordance with the requirements of Subsection (1).

(3) No person, corporation, or entity may be held civilly liable for having provided data to the [~~committee~~] department in accordance with this part.

Section 11. Section **26B-8-508** is amended to read:

26B-8-508. Exceptions to prohibition on disclosure of identifiable health data.

(1) The [~~committee~~] department may not disclose any identifiable health data unless:

(a) the individual has authorized the disclosure;

(b) the disclosure is to the department or a public health authority in accordance with

Subsection (2); or

(c) the disclosure complies with the provisions of:

(i) Subsection (3);

(ii) insurance enrollment and coordination of benefits under Subsection

26B-8-504(1)(d); or

(iii) risk adjusting under Subsection 26B-8-504(1)(b).

(2) The [~~committee~~] department may disclose identifiable health data to the department or a public health authority under Subsection (1)(b) if:

(a) the department or the public health authority has clear statutory authority to possess the identifiable health data; and

(b) the disclosure is solely for use:

(i) in the Utah Statewide Immunization Information System operated by the department;

(ii) in the Utah Cancer Registry operated by the University of Utah, in collaboration with the department; or

(iii) by the medical examiner, as defined in Section 26B-8-201, or the medical examiner's designee.

(3) The [~~committee~~] department shall consider the following when responding to a request for disclosure of information that may include identifiable health data:

(a) whether the request comes from a person after that person has received approval to do the specific research or statistical work from an institutional review board; and

(b) whether the requesting entity complies with the provisions of Subsection (4).

(4) A request for disclosure of information that may include identifiable health data shall:

(a) be for a specified period; or

(b) be solely for bona fide research or statistical purposes as determined in accordance with administrative rules adopted by the department in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, which shall require:

(i) the requesting entity to demonstrate to the department that the data is required for the research or statistical purposes proposed by the requesting entity; and

(ii) the requesting entity to enter into a written agreement satisfactory to the department

to protect the data in accordance with this part or other applicable law.

(5) A person accessing identifiable health data pursuant to Subsection (4) may not further disclose the identifiable health data:

(a) without prior approval of the department; and

(b) unless the identifiable health data is disclosed or identified by control number only.

(6) Identifiable health data that has been designated by a data supplier as being subject to regulation under 42 C.F.R. Part 2, Confidentiality of Substance Use Disorder Patient Records, may only be used or disclosed in accordance with applicable federal regulations.

Section 12. Section **53-2d-203 (Effective 07/01/24)** is amended to read:

53-2d-203 (Effective 07/01/24). Data collection.

(1) The committee shall specify the information that shall be collected for the emergency medical services data system established pursuant to Subsection (2).

(2) (a) The bureau shall establish an emergency medical services data system, which shall provide for the collection of information, as defined by the committee, relating to the treatment and care of patients who use or have used the emergency medical services system.

(b) The committee shall coordinate with the ~~[Health Data Authority created in Title 26B, Chapter 8, Part 5, Utah Health Data Authority]~~ Department of Health and Human Services, to create a report of data collected by the ~~[Health Data Committee]~~ Department of Health and Human Services under Section **26B-8-504** regarding:

(i) appropriate analytical methods;

(ii) the total amount of air ambulance flight charges in the state for a one-year period;

and

(iii) of the total number of flights in a one-year period under Subsection (2)(b)(ii):

(A) the number of flights for which a patient had no personal responsibility for paying part of the flight charges;

(B) the number of flights for which a patient had personal responsibility to pay all or part of the flight charges;

(C) the range of flight charges for which patients had personal responsibility under Subsection (2)(b)(iii)(B), including the median amount for paid patient personal responsibility; and

(D) the name of any air ambulance provider that received a median paid amount for

patient responsibility in excess of the median amount for all paid patient personal responsibility during the reporting year.

(c) The bureau may share, with the department, information from the emergency medical services data system that:

(i) relates to traffic incidents; and

(ii) is for the improvement of traffic safety.

(d) Information shared under Subsection (2)(c) may not:

(i) be used for the prosecution of criminal matters; or

(ii) include any personally identifiable information.

(3) (a) On or before October 1, the department shall make the information in Subsection (2)(b) public and send the information in Subsection (2)(b) to public safety dispatchers and first responders in the state.

(b) Before making the information in Subsection (2)(b) public, the committee shall provide the air ambulance providers named in the report with the opportunity to respond to the accuracy of the information in the report under Section 26B-8-506.

(4) Persons providing emergency medical services:

(a) shall provide information to the department for the emergency medical services data system established pursuant to Subsection (2)(a);

(b) are not required to provide information to the department under Subsection (2)(b); and

(c) may provide information to the department under Subsection (2)(b) or (3)(b).

Section 13. Section 63A-13-301 is amended to read:

63A-13-301. Access to records -- Retention of designation under Government Records Access and Management Act.

(1) In order to fulfill the duties described in Section 63A-13-202, and in the manner provided in Subsection (4), the office shall have unrestricted access to all records of state executive branch entities, all local government entities, and all providers relating, directly or indirectly, to:

(a) the state Medicaid program;

(b) state or federal Medicaid funds;

(c) the provision of Medicaid related services;

- (d) the regulation or management of any aspect of the state Medicaid program;
- (e) the use or expenditure of state or federal Medicaid funds;
- (f) suspected or proven fraud, waste, or abuse of state or federal Medicaid funds;
- (g) Medicaid program policies, practices, and procedures;
- (h) monitoring of Medicaid services or funds; or
- (i) a fatality review of a person who received Medicaid funded services.

(2) The office shall have access to information in any database maintained by the state or a local government to verify identity, income, employment status, or other factors that affect eligibility for Medicaid services.

(3) The records described in Subsections (1) and (2) include records held or maintained by the department, the division, the Department of Health and Human Services, the Department of Workforce Services, a local health department, a local mental health authority, or a school district. The records described in Subsection (1) include records held or maintained by a provider. When conducting an audit of a provider, the office shall, to the extent possible, limit the records accessed to the scope of the audit.

(4) A record, described in Subsection (1) or (2), that is accessed or copied by the office:

(a) may be reviewed or copied by the office during normal business hours, unless otherwise requested by the provider or health care professional under Subsection (4)(b);

(b) unless there is a credible allegation of fraud, shall be accessed, reviewed, and copied in a manner, on a day, and at a time that is minimally disruptive to the health care professional's or provider's care of patients, as requested by the health care professional or provider;

(c) may be submitted electronically;

(d) may be submitted together with other records for multiple claims; and

(e) if it is a government record, shall retain the classification made by the entity responsible for the record, under Title 63G, Chapter 2, Government Records Access and Management Act.

(5) Except as provided in Subsection (7), notwithstanding any provision of state law to the contrary, the office shall have the same access to all records, information, and databases to which the department or the division has access.

(6) The office shall comply with the requirements of federal law, including the Health Insurance Portability and Accountability Act of 1996 and 42 C.F.R., Part 2, relating to the office's:

(a) access, review, retention, and use of records; and

(b) use of information included in, or derived from, records.

(7) The office's access to data held by the ~~[Health Data Committee]~~ Department of Health and Human Services under Title 26B, Chapter 8, Part 5, Utah Health Data Authority:

(a) is not subject to this section; and

(b) is subject to Title 26B, Chapter 8, Part 5, Utah Health Data Authority.

Section 14. Section **63I-1-226 (Superseded 07/01/24)** is amended to read:

63I-1-226 (Superseded 07/01/24). Repeal dates: Titles 26A through 26B.

(1) Subsection **26B-1-204(2)(i)**, related to the Primary Care Grant Committee, is repealed July 1, 2025.

(2) Section **26B-1-315**, which creates the Medicaid Expansion Fund, is repealed July 1, 2024.

(3) Section **26B-1-319**, which creates the Neuro-Rehabilitation Fund, is repealed January 1, 2025.

(4) Section **26B-1-320**, which creates the Pediatric Neuro-Rehabilitation Fund, is repealed January 1, 2025.

(5) Subsection **26B-1-324(4)**, the language that states "the Behavioral Health Crisis Response Commission, as defined in Section **63C-18-202**," is repealed December 31, 2026.

(6) Subsection **26B-1-329(6)**, related to the Behavioral Health Crisis Response Commission, is repealed December 31, 2026.

(7) Section **26B-1-402**, related to the Rare Disease Advisory Council Grant Program, is repealed July 1, 2026.

(8) Section **26B-1-409**, which creates the Utah Digital Health Service Commission, is repealed July 1, 2025.

(9) Section **26B-1-410**, which creates the Primary Care Grant Committee, is repealed July 1, 2025.

(10) Section **26B-1-416**, which creates the Utah Children's Health Insurance Program Advisory Council, is repealed July 1, 2025.

(11) Section 26B-1-417, which creates the Brain Injury Advisory Committee, is repealed July 1, 2025.

(12) Section 26B-1-418, which creates the Neuro-Rehabilitation Fund and Pediatric Neuro-Rehabilitation Fund Advisory Committee, is repealed January 1, 2025.

(13) Section 26B-1-422, which creates the Early Childhood Utah Advisory Council, is repealed July 1, 2029.

(14) Section 26B-1-428, which creates the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Program, is repealed July 1, 2025.

(15) Section 26B-1-430, which creates the Coordinating Council for Persons with Disabilities, is repealed July 1, 2027.

(16) Section 26B-1-431, which creates the Forensic Mental Health Coordinating Council, is repealed July 1, 2023.

(17) Section 26B-1-432, which creates the Newborn Hearing Screening Committee, is repealed July 1, 2026.

(18) Section 26B-1-434, regarding the Correctional Postnatal and Early Childhood Advisory Board, is repealed July 1, 2026.

(19) Section 26B-2-407, related to drinking water quality in child care centers, is repealed July 1, 2027.

(20) Subsection 26B-3-107(9), which addresses reimbursement for dental hygienists, is repealed July 1, 2028.

(21) Section 26B-3-136, which creates the Children's Health Care Coverage Program, is repealed July 1, 2025.

(22) Section 26B-3-137, related to reimbursement for the National Diabetes Prevention Program, is repealed June 30, 2027.

(23) Subsection 26B-3-213(2), the language that states "and the Behavioral Health Crisis Response Commission created in Section 63C-18-202" is repealed December 31, 2026.

(24) Sections 26B-3-302 through 26B-3-309, regarding the Drug Utilization Review Board, are repealed July 1, 2027.

(25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1, 2024.

(26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is

801 repealed July 1, 2024.

802 (27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,
803 2028.

804 (28) Section 26B-3-910, regarding alternative eligibility, is repealed July 1, 2028.

805 (29) Section 26B-4-136, related to the Volunteer Emergency Medical Service
806 Personnel Health Insurance Program, is repealed July 1, 2027.

807 (30) Section 26B-4-710, related to rural residency training programs, is repealed July 1,
808 2025.

809 (31) Subsections 26B-5-112(1) and (5), the language that states "In consultation with
810 the Behavioral Health Crisis Response Commission, established in Section 63C-18-202," is
811 repealed December 31, 2026.

812 (32) Section 26B-5-112.5 is repealed December 31, 2026.

813 (33) Section 26B-5-114, related to the Behavioral Health Receiving Center Grant
814 Program, is repealed December 31, 2026.

815 (34) Section 26B-5-118, related to collaborative care grant programs, is repealed
816 December 31, 2024.

817 (35) Section 26B-5-120 is repealed December 31, 2026.

818 (36) In relation to the Utah Assertive Community Treatment Act, on July 1, 2024:

819 (a) Subsection 26B-5-606(2)(a)(i), the language that states "and" is repealed; and

820 (b) Subsections 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c) are
821 repealed.

822 (37) In relation to the Behavioral Health Crisis Response Commission, on December
823 31, 2026:

824 (a) Subsection 26B-5-609(1)(a) is repealed;

825 (b) Subsection 26B-5-609(3)(a), the language that states "With recommendations from
826 the commission," is repealed;

827 (c) Subsection 26B-5-610(1)(b) is repealed;

828 (d) Subsection 26B-5-610(2)(b), the language that states "and in consultation with the
829 commission," is repealed; and

830 (e) Subsection 26B-5-610(4), the language that states "In consultation with the
831 commission," is repealed.

(38) Subsections 26B-5-611(1)(a) and (10), in relation to the Utah Substance Use and Mental Health Advisory Council, are repealed January 1, 2033.

(39) Section 26B-5-612, related to integrated behavioral health care grant programs, is repealed December 31, 2025.

(40) Subsection 26B-7-119(5), related to reports to the Legislature on the outcomes of the Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.

(41) Section 26B-7-224, related to reports to the Legislature on violent incidents and fatalities involving substance abuse, is repealed December 31, 2027.

(42) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, [2024] 2026.

(43) Section 26B-8-513, related to identifying overuse of non-evidence-based health care, is repealed December 31, 2023.

Section 15. Section 63I-1-226 (Effective 07/01/24) is amended to read:

63I-1-226 (Effective 07/01/24). Repeal dates: Titles 26A through 26B.

(1) Subsection 26B-1-204(2)(i), related to the Primary Care Grant Committee, is repealed July 1, 2025.

(2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1, 2024.

(3) Section 26B-1-319, which creates the Neuro-Rehabilitation Fund, is repealed January 1, 2025.

(4) Section 26B-1-320, which creates the Pediatric Neuro-Rehabilitation Fund, is repealed January 1, 2025.

(5) Subsection 26B-1-324(4), the language that states "the Behavioral Health Crisis Response Commission, as defined in Section 63C-18-202," is repealed December 31, 2026.

(6) Subsection 26B-1-329(6), related to the Behavioral Health Crisis Response Commission, is repealed December 31, 2026.

(7) Section 26B-1-402, related to the Rare Disease Advisory Council Grant Program, is repealed July 1, 2026.

(8) Section 26B-1-409, which creates the Utah Digital Health Service Commission, is repealed July 1, 2025.

(9) Section 26B-1-410, which creates the Primary Care Grant Committee, is repealed

863 July 1, 2025.

864 (10) Section 26B-1-416, which creates the Utah Children's Health Insurance Program
865 Advisory Council, is repealed July 1, 2025.

866 (11) Section 26B-1-417, which creates the Brain Injury Advisory Committee, is
867 repealed July 1, 2025.

868 (12) Section 26B-1-418, which creates the Neuro-Rehabilitation Fund and Pediatric
869 Neuro-Rehabilitation Fund Advisory Committee, is repealed January 1, 2025.

870 (13) Section 26B-1-422, which creates the Early Childhood Utah Advisory Council, is
871 repealed July 1, 2029.

872 (14) Section 26B-1-428, which creates the Youth Electronic Cigarette, Marijuana, and
873 Other Drug Prevention Program, is repealed July 1, 2025.

874 (15) Section 26B-1-430, which creates the Coordinating Council for Persons with
875 Disabilities, is repealed July 1, 2027.

876 (16) Section 26B-1-431, which creates the Forensic Mental Health Coordinating
877 Council, is repealed July 1, 2023.

878 (17) Section 26B-1-432, which creates the Newborn Hearing Screening Committee, is
879 repealed July 1, 2026.

880 (18) Section 26B-1-434, regarding the Correctional Postnatal and Early Childhood
881 Advisory Board, is repealed July 1, 2026.

882 (19) Section 26B-2-407, related to drinking water quality in child care centers, is
883 repealed July 1, 2027.

884 (20) Subsection 26B-3-107(9), which addresses reimbursement for dental hygienists, is
885 repealed July 1, 2028.

886 (21) Section 26B-3-136, which creates the Children's Health Care Coverage Program,
887 is repealed July 1, 2025.

888 (22) Section 26B-3-137, related to reimbursement for the National Diabetes Prevention
889 Program, is repealed June 30, 2027.

890 (23) Subsection 26B-3-213(2), the language that states "and the Behavioral Health
891 Crisis Response Commission created in Section 63C-18-202" is repealed December 31, 2026.

892 (24) Sections 26B-3-302 through 26B-3-309, regarding the Drug Utilization Review
893 Board, are repealed July 1, 2027.

- 894 (25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1,
895 2024.
- 896 (26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is
897 repealed July 1, 2024.
- 898 (27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,
899 2028.
- 900 (28) Section 26B-3-910, regarding alternative eligibility, is repealed July 1, 2028.
- 901 (29) Section 26B-4-710, related to rural residency training programs, is repealed July 1,
902 2025.
- 903 (30) Subsections 26B-5-112(1) and (5), the language that states "In consultation with
904 the Behavioral Health Crisis Response Commission, established in Section 63C-18-202," is
905 repealed December 31, 2026.
- 906 (31) Section 26B-5-112.5 is repealed December 31, 2026.
- 907 (32) Section 26B-5-114, related to the Behavioral Health Receiving Center Grant
908 Program, is repealed December 31, 2026.
- 909 (33) Section 26B-5-118, related to collaborative care grant programs, is repealed
910 December 31, 2024.
- 911 (34) Section 26B-5-120 is repealed December 31, 2026.
- 912 (35) In relation to the Utah Assertive Community Treatment Act, on July 1, 2024:
- 913 (a) Subsection 26B-5-606(2)(a)(i), the language that states "and" is repealed; and
- 914 (b) Subsections 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c) are
915 repealed.
- 916 (36) In relation to the Behavioral Health Crisis Response Commission, on December
917 31, 2026:
- 918 (a) Subsection 26B-5-609(1)(a) is repealed;
- 919 (b) Subsection 26B-5-609(3)(a), the language that states "With recommendations from
920 the commission," is repealed;
- 921 (c) Subsection 26B-5-610(1)(b) is repealed;
- 922 (d) Subsection 26B-5-610(2)(b), the language that states "and in consultation with the
923 commission," is repealed; and
- 924 (e) Subsection 26B-5-610(4), the language that states "In consultation with the

925 commission," is repealed.

926 (37) Subsections [26B-5-611](#)(1)(a) and (10), in relation to the Utah Substance Use and
927 Mental Health Advisory Council, are repealed January 1, 2033.

928 (38) Section [26B-5-612](#), related to integrated behavioral health care grant programs, is
929 repealed December 31, 2025.

930 (39) Subsection [26B-7-119](#)(5), related to reports to the Legislature on the outcomes of
931 the Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.

932 (40) Section [26B-7-224](#), related to reports to the Legislature on violent incidents and
933 fatalities involving substance abuse, is repealed December 31, 2027.

934 (41) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1,
935 ~~[2024]~~ 2026.

936 (42) Section [26B-8-513](#), related to identifying overuse of non-evidence-based health
937 care, is repealed December 31, 2023.

938 Section 16. **Effective date.**

939 (1) Except as provided in Subsection (2), this bill takes effect on May 1, 2024.

940 (2) The actions affecting Section [63I-1-226](#) (Effective 07/01/24) and Section
941 [53-2d-203](#) (Effective 07/01/24) take effect on July 1, 2024.