

The Utah Cares Act

This is an application filed by the Utah Cares Political Issue Committee with the Office of the Lieutenant Governor of the State of Utah for placement of the proposed statute, detailed below, as a ballot initiative in 2026.

All sponsors of this initiative whose notarized signatures accompany this application are residents of Utah.

This initiative petition seeks to increase the current Utah Cares Premium or gross receipts tax rate by no more than 2.85% for businesses with revenues greater than \$10,000 resulting in no more than a 2.85% increase in the current tax rate.

Persons gathering signatures for this petition may be paid for doing so.

Joseph Q. Jarvis MD MSPH, one of the sponsors of this legislation, is designated as the main point of contact between the various sponsors and the Lieutenant Governor's Office.

THE UTAH CARES HEALTH COOPERATIVE AND UTAH HEALTH SYSTEMS COMMISSION ACT

FISCAL STATEMENT: When the Utah Cares Act is fully implemented in 2030, the estimated total annual health expenditure in Utah will be \$42 billion (100%), of which \$14 billion (33%) will originate from Medicare, Medicaid, and CHIP; \$6 billion (14%) from public employee health benefits; \$10 billion (24%) from the herein proposed Utah Cares Premium; and \$12 billion (29%) from various other sources (ACA supplemental funding, other federal funding, payment for services rendered to out of state patients, and out-of-pocket payments). Please refer to the three economic studies documenting these financial estimates which are posted at <https://utahcares.vote/reports-and-data/>

General Description:

This bill establishes a state financed and regulated universal health cooperative.

PREAMBLE

Utah is failing to provide its residents with optimal health care access and quality at a reasonable cost. In many aspects, Utah health care is less accessible and affordable than is true elsewhere in the US, which itself is the most expensive, lowest quality health care nation in the first world. The rise in cost for health care in Utah is unsustainable. This is not the Utah way. Utah can fix health care business the Utah way, without changing the traditional way to finance care through public funding while preserving private health care delivery. Utah patients will maintain autonomy over their medical decisions, including choice of provider. Utah businesses can be free of the massive costs and hassle of arranging health benefits. All patients will benefit from improved access and quality. After a phase in period, all Utahns will have financing for medically necessary care with no administrative hassle, unfettered choice of physician, and no or minimal out of pocket expense at the time of service. Health care costs will stabilize and even be reduced as a portion of Utah gross domestic product. Utah Cares would dramatically reduce healthcare costs and put the state on a path to further reducing the burden of healthcare on individuals, governments, and businesses. It would do this both by lowering the cost of care and by inaugurating a virtuous cycle that improves the efficiency of the Utah economy.

Highlighted Provisions:

This bill:

- 1) establishes a state financed universal health cooperative by renaming the Public Employees' Benefit and Insurance Program as "Utah Cares" and opening it to the public; allows all state residents to enroll in the state financed health cooperative; prohibits billing by health care facilities; requires the state financed health cooperative to begin billing on behalf of health care facilities; requires all government entities to transition government employees to the state financed health cooperative; directs the Department of Health and Human Services to begin transitioning the operation and management of the Medicaid program to the state operated health financing program;
- 2) creates the Utah Health Services Commission; establishes duties for the Health Services Commission; moves health workforce councils and offices from the Department of Health and Human Services to the Health Services Commission; repeals certain unnecessary or obsolete programs; and
- 3) levies a premium to fund both the state financed health cooperative and the health systems commission.

Other Special Clauses:

This bill provides for special effective dates.

Be it enacted by the people of Utah:

Section 1. Effective 07/01/27

26C-1-101. Title,

26C. Utah Cares Act. General Provisions

This title is known as the “Utah Cares Act.”

Section 2. Effective 07/01/27

26C-1-102. Definitions,

As used in this chapter:

(1)“Accredited clinical education program” means a clinical education program for a health care profession that is accredited by the Accreditation Council on Graduate Medical Education

(2)“Accredited clinical training program” means a clinical training program that is accredited by an entity recognized within medical education circles as an accrediting body for medical education, advanced practice nursing education, physician assistant education, doctor of pharmacy education, dental education, or registered nursing education

(3)“Centers for Medicare and Medicaid Services” means the Centers for Medicare and Medicaid Services within the United States Department of Health and Human Services

(4)“Commission” means the Utah Health Services Commission created in Section 26C-2-101

(5)“Enrollee” means an individual enrolled in the Utah Cares state financed universal health cooperative

(6)“Executive director” means the executive director of the Utah Cares state financed universal health cooperative

(7)“Fund” means the Utah Cares Fund, created in Section 26C-1-103

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

(9)“Health care facility” means the same as that term is defined in Section 26B-2-201

(10)“Health care professionals in training” means medical students and residents, advanced practice nursing students, physician assistant students, doctor of pharmacy students, dental students, and registered nursing students

(11)(a)“Health workforce” means the individuals, collectively and by profession, who deliver health care services or assist in the delivery of health care services(b)“Health workforce” includes any health care professional who does not work in the health sector and any non-health care professional who

works in the health sector

(12)“Medical education program” means the program created in Section 26C-2-108

(13)“Nursing care facility” means the same as that term is defined in Section 26B-2-201

(14)“Operating and capital budget facility” means any of the following:(a) a nursing care facility; (b) a general acute hospital; and (c) a specialty hospital

(15)“Pharmacist” is as defined in Section 58-17b-102

(16)“Pharmacy” is as defined in Section 58-17b-102

(17)“Pharmacy service” means a product, good, or service provided by a pharmacy or pharmacist to an individual

(18)“Physician” means an individual:(a)licensed as a physician under Title 58, Chapter 67, Utah Medical Practice Act; or(b)licensed as a physician under Title 58, Chapter 68, Utah Osteopathic Medical Practice Act

(19)“Program” means the Utah Cares state financed universal health cooperative

(20)“Rural county” means a county of the third, fourth, fifth, or sixth class under Section 17-50-501

(21)“Rural hospital” means a general acute hospital located within a rural county

(22)“Specialty hospital” means the same as that term is defined in Section 26B-2-201

(23)“UMEC” means the Utah Medical Education Council created in Section 26C-2-107.

Section 3. 8 Effective 07/01/27

26C-1-103. Utah Cares Trust Fund -- Audit.

(1)There is created the “Utah Cares Trust Fund” for the purpose of paying the benefits and the costs of administering the Utah Cares state financed universal health cooperative and the Utah Health Systems Commission;

(2)The fund shall consist of: (a)money appropriated to the fund by the Legislature;(b)money provided under Section 26C-3-101;

(c)tax revenue deposited under Title 59, Chapter 33, Utah Health Care Premium;(d)money paid by non-enrollees to the program for health care services provided by an operating and capital budget facility;(e)any federal funds received from the federal government for federal savings resulting from 42 U.S. Code Section 18052 or as supplemental funds paid for persons qualifying for assistance in purchasing health insurance under the Affordable Care Act ; and(f)the reserve funds of private insurers

(3)The fund shall be used to pay for: (a)health care provided to enrollees of the Utah Cares state financed universal health cooperative;(b)enrollees of Medicaid when all waivers are approved as described 26B-3-104.1;(c)payments to an operating and capital budget facility;(d)administering the Utah Cares state financed universal health cooperative and the Utah Health Systems Commission;(e)benefits provided under this title

(4)The Insurance Department shall biennially audit the Utah Cares Trust Fund and programs authorized under this chapter and report its findings to the governor and the Legislature, but the commissioner may accept the annual audited statement of the programs under this chapter in lieu of the biennial audit requirement.

Section 4. 9Effective 07/01/27

26C-1-104. Social Security number prohibition.

Notwithstanding the provisions of Subsection 31A-1-103(3)(f), the program shall comply with the provisions of Section 31A-22-634.

Section 5. Effective 07/01/27

26C-2-101. Utah Health System Commission -- Creation -- Members -- Terms -- Quorum -- Compensation.

(1)There is created the Utah Health System Commission

(2)The commission shall consist of seven members appointed by the governor, with the advice and consent of the Senate and in accordance with Title 63G, Chapter 24, Part 2, Vacancies

(3)(a)Subject to Subsection (3)(e), the term of office of each appointed commission member is six years(b)A member may be appointed to more than one term(c)When a vacancy occurs in the membership for any reason, the replacement shall be appointed for the unexpired term by the governor with advice and consent of the senate(d)Any member of the commission may be removed for cause by the governor.

- (e)The terms of the members shall be staggered to ensure that at least two commissioners are appointed for a term of six years on February 1 of each odd-numbered year
- (4)(a)A majority of the commission members constitutes a quorum. (b)The action of a majority of a quorum constitutes the action of the commission.
- (c)One member of the commission shall be designated by the governor as chair of the commission
- (5)Commissioners shall receive compensation as established by the governor within the salary range fixed by the Legislature in Title 67, Chapter 22, State Officer Compensation, and all actual and necessary expenses incurred in attending to official business
- (6)Each commissioner at the time of appointment and qualification shall be a resident citizen of the United States and of the state of Utah
- (7)Except as provided by law, no commissioner may hold any other office either under the government of the United States or of this state or of any municipal corporation within this state
- (8)A commissioner shall comply with the conflict of interest provisions described in Title 63G, Chapter 24, Part 3, Conflicts of Interest.

Section 6 .Effective 07/01/27

26C-2-102. Commission duties.

The commission shall;

- (1)design and administer the health benefits program for the Utah Cares state financed universal health cooperative;
- (2)establish a budget for the program;
- (3)ensure the delivery of quality healthcare services to all enrollees;
- (4)conduct regular audits and evaluations of the system's performance and cost-effectiveness;
- (5)provide an annual report to the governor and the Legislature on the status and performance of the program;
- (6)promote cooperation among providers;
- (7)create advisory boards to address health care needs regarding health care quality improvement, health care modernization, and financial budgeting;
- (8)create regional advisory boards to solicit information regarding the various health care needs in the different regions of the state;
- (9)adjudicate disputes between patients, the program, health care providers and health care facilities;
- (10)develop and implement a no-fault medical injury payment system adjudicated through administrative law courts without jury trials or punitive damages as an alternative to litigation for torts committed within the health care system;
- (11)establish and conduct public meetings where patients, health care providers, and health care facilities may provide feedback to the commission;
and
- (12)make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement and administer this chapter.

Section 7. Effective 07/01/27

26C-2-103. Planning and forecasting health care needs,

- (1)The commission shall: (a)coordinate health care resources and capital expenditures to ensure all enrollees have reasonable access to covered services
- (b)develop short term and long term plans to meet health care needs; and(c)complete an annual review of health care needs, including:(i)evaluating health care workforce needs;(ii)establishing a budget for all operating and capital budget facilities;(iii)evaluating all capital expenses in excess of a

threshold amount to be determined annually by the commission; and(iv)collaborating with local and statewide government and health care institutions to coordinate capital health planning and investment; (d)develop short term and long term plans to meet capital expenditure needs; and (e)develop plans to improve access to care in rural and frontier counties in the state
(2)When conducting the review described in Subsection (1)(c), the commission shall:(a)consult with:(i)advisory boards created by the commission; and(ii)the Utah Health Workforce Advisory Council; and(b)hold public hearings across the state
(3)The commission may request assistance from the Utah Cares state financed universal health cooperative to carry out the duties described in this section.

Section 8. 13Effective 07/01/27

26C-2-104. Health care best practices,

(1)The commission shall establish a best practices standard of care regarding:(a)appropriate hospital staffing levels;(b)evidence based best clinical practices, including for primary care and mental health care; (c)appropriate medical technology;(d)design and scope of work in the health workplace; (e)development of clinical practices that lead toward the elimination of medical errors or medical waste;(f)timely access to needed medical and dental care; and(g)compassionate end of life care to provide comfort and relieve pain
(2)The commission may request assistance from the Utah Cares state financed universal health cooperative to carry out the duties described in this section.

Section 9. Effective 01/01/27

26B-3-104.1. Medicaid transition to Utah Cares Plan.

(1)Notwithstanding any other provision of law, the department shall amend the state plan and any necessary Medicaid waivers to transition the Medicaid program from using accountable care organizations to using the Utah Cares state financed universal health cooperative described in Title 26C, Utah Cares Act, for delivery of all Medicaid services
(2)The department and the Utah Cares state financed universal health cooperative shall apply for any waivers and make necessary state plan amendments to transition the Utah Cares state financed universal health cooperative as the primary entity for maintaining and administering the Medicaid program, including the state plan
(3)When necessary waivers and state plan amendments are approved, the department shall transition the operation of the Medicaid program and all Medicaid services to the Utah Cares state financed universal health cooperative.

Section 10. Effective 01/01/28

26C-6-102. Medicaid division

(1)There is created within the Utah Cares state financed universal health cooperative the Medicaid division
(2)The state Medicaid director shall be the head of the division and report to the executive director of the Utah Cares state financed universal health cooperative
(3)The Medicaid division shall administer the Medicaid program as described in Title 26B, Health and Human Services Code
(4)This section does not take affect until necessary waivers and state plan amendments are approved under Section 26B-3-104.1.

Section 11. Effective 01/01/28

26C-3-101. Program -- Executive Director -- Duties.

(1)The commission shall appoint an executive director who shall be the executive and administrative head of the Utah Cares state financed universal health cooperative

(2)The executive director:

(a)may hire and remove employees and consultants as necessary to accomplish the duties described in this chapter and to assist with the commission's duties;

(b)shall establish an enrollment system that will ensure that all eligible Utah residents are formally enrolled;

(c)shall ensure the program carries out duties assigned to the program under this title; and

(d)may utilize and shall coordinate with the offices, staff, and resources of any agencies of the executive branch

(3)The Utah Cares state financed universal health cooperative shall:

(a)act as a self-insurer of enrollee benefit plans and administer those plans;

(b)indemnify benefit plans or purchase commercial reinsurance as considered appropriate by the program;

(c)process claims by making prompt payments to health care providers and health care facilities for covered services;

(d)invest trust fund assets consistent with state law;

(e)establish and maintain a formulary of covered prescription drugs and negotiate prices with pharmaceutical companies;

(f)obtain an annual actuarial review of all health and dental benefit plans and a periodic review of the program;

(g)annually submit a budget and audited financial statements to the governor and Legislature that includes total projected benefit costs and administrative costs;

(h)submit the program's recommended benefit and rate adjustments to: (i)the Legislature;(ii)the commission; and

(iii)the director of the state Division of Human Resource Management;

(i)administer benefits and rates upon ratification of the commission;

(j)(i)require enrollees to participate in the electronic exchange of clinical health records in accordance with Section 26B-8-411 unless the enrollee opts out of participation; and (ii)prior to enrollment, each time the enrollee logs onto the program's website, and each time the enrollee receives written enrollment information from the program, provide notice to the enrollee of the enrollee's participation in the electronic exchange of clinical health records and the option to opt out of participation at any time;

(k)develop an information management system that is compatible with medical and dental facilities and offices in the state;

(l)develop a system to monitor the quality of care;

(m)develop utilization management strategies;

(n)be the state's primary entity for applying for and negotiating waivers described in 42 U.S. Code Section 18052;

(o)negotiate with the federal government to provide coverage for veterans, Native Americans, federal employees, and the military; and

(p)take additional actions necessary or appropriate to carry out the purposes of this chapter

(4)The Utah Cares state financed universal health cooperative may establish a partnership with a public entity in a different state to purchase or share services related to the administration of medical benefits if:

(a)the program receives approval for the partnership from the commission; and

(b)the partnership:(i)creates cost savings for Utah;(ii)does not commingle state funds with funds of the public entity in the other state; and

(iii)does not pose a greater actuarial risk to Utah than the program has already assumed

(5)Before January 1, 2031, the program shall provide a report to the legislature regarding the coordination and incorporation of benefits for

medically necessary care between the program and the following:

- (a)workers' compensation;
- (b)automotive insurance carriers; and
- (c)other entities that provide indemnity insurance that involves medical care.

Section 12. Effective 01/01/28

26C-3-102. Eligibility.

(1)An individual is eligible to enroll in the program if the individual is:

- (a)a United States citizen or permanent resident;
- (b)lives in Utah as evidenced by an intent to continue to live in Utah and to return to Utah if temporarily absent, coupled with an act or acts consistent with that intent; and
- (c)not enrolled in Medicaid or Medicare

(2)(a)Beginning January 1, 2028, the program shall enroll employees of: (i)the state;(ii)counties and municipalities;(iii)public school districts; (iv)charter schools; and(v)state institutions of higher education

(b)In addition to individuals described in Subsection (2)(a), the program shall enroll any other individual who was receiving a health benefits from the Public Employees' Benefit and Insurance Program as of June 30, 2028

(3)Beginning January 1, 2028, and ending on January 1, 2030, entities described in Subsection (2) shall transfer money to the fund equal to the annual amount the entity expended to provide employee health care as of January 1, 2025

(4)Beginning January 1, 2029, the program shall begin enrolling any eligible individual

(5)Beginning January 1, 2029, a non-profit entity may choose to merge the non-profit entity's health benefit plan with the program if the non-profit entity transfers funds equal to the annual amount of funds the non-profit entity expended to provide employee health care:

- (a)based on the immediate year preceding the transfer; and
- (b)for at least two years thereafter.

Section 13. Effective 01/01/28

26C-4-101. Payments for non-enrollee health care -- Out-of-state care -- Secondary coverage.

(1)Beginning November 1, 2029, for health care services provided to a non-enrollee, the program will bill the individual and reimburse the health care provider at a reasonable rate

(2)(a)Payment for emergency care of an enrollee obtained out of state shall be paid at prevailing local rates of where the care was obtained.

(b)Payment for non-emergency care of an enrollee obtained out of state shall be according to rates and conditions established by the commission

(c)(i)The commission may require that an enrollee be transported back to Utah when prolonged treatment of an emergency condition is necessary if transportation is safe for the patient in light of the patient's medical condition(ii)The program shall pay for transporting an individual described in Subsection (2)(c)(i)

(3)If an enrollee has other health insurance coverage for a service that is covered by the program, the program shall act as the secondary insurer for insurance coverage purposes.

Section 14. Effective 01/01/28

26C-4-102. Health care provider and facility rates and payments.

- (1)Beginning November 1, 2029, a health care facility may not bill an individual for services performed by the health care facility
- (2)Except for operating and capital budget facilities, the Utah Cares state financed universal health cooperative shall negotiate and set rates for health care providers and health care facilities participating in the program in an amount equal to or exceeding the Medicare fee amount plus 10% of the Medicare fee
- (3)(a)The Utah Cares state financed universal health cooperative shall negotiate with each operating and capital budget facility independently to set a specific operating and capital budget for each facility
- (b)The Utah Cares state financed universal health cooperative shall make payments to an operating and capital budget facility on monthly basis.

Section 15. Effective 01/01/28

26C-5-101. Health Plan.

Covered Health Benefits

- (1)The Utah Cares state financed universal health cooperative shall provide a health plan that:
 - (a)complies with 42 U.S.C. Section 18022(b)(1);
 - (b)unless otherwise provided in this title, contains no cost-sharing for all non-pharmaceutical services;
 - (c)provides the lowest possible cost-sharing for pharmaceutical services; and
 - (d)maintains a benefits offering that is equivalent to the offering provided to state employees as of January 1, 2026
- (2)As soon as practicable, the program shall develop, implement, and offer a Medicare advantage plan for eligible individuals.

Section 16. Effective 01/01/28

31A-22-662. Premium prohibition,

- (1)As used in this section, “program” means the Utah Cares state financed universal health cooperative created Title 26C, Chapter 3 Utah Cares Program.
- (2)Notwithstanding any other provision of law, beginning January 1, 2029, a health benefit plan may not charge premiums for services covered by the program to an individual who is eligible to receive health benefit coverage through the program
- (3)If an insurer offering a health benefit plan leaves the Utah market, the insurer shall forfeit any cash reserves held by the insurer to the Utah Cares Trust Fund for the provision of health benefit coverage of individuals in the state or expenses of the Utah Health Systems Commission including expansion of health professions training in the State of Utah
- (4)The department shall deposit money obtained under this section into the fund described in Section 26C-1-103.

Section 17. Effective 01/01/27

59-33-101. Definitions.

33. Utah Health Care Premium

As used in this section:

- (1)“Corporation” means any of the following: (a)a domestic corporation; of (b)a foreign corporation
- (2)“Domestic corporation” means the same as that term is defined in Section 59-7-101
- (3)“Foreign corporation” means the same as that term is defined in Section 59-7-101
- (4)“Fund” means the Utah Cares Fund created in Section 26C-1-103

(5)(a)“Gross margin” means the direct cost of producing a good or providing a service

(b)“Gross margin” does not include any indirect cost that may be used to calculate net margin

(6)“Gross receipts” means the totality of the money that an entity receives for any good or service produced or rendered in the state without any deduction

(7)“Pass-through entity” means the same as that term is defined in Section 59-10-1402.

Section 18. Effective 01/01/27

59-33-102. Application -- Utah source -- Credit.

(1)There is created a tax, to be known as the Utah Health Care Premium, on gross receipts of corporations and pass-through entities

(2)For a domestic corporation or a pass-through entity that is commercially domiciled in this state, the tax is applicable to all gross receipts of the domestic corporation or pass-through entity

(3)For a foreign corporation or a pass-through entity not described in Subsection (2), the tax on gross receipts is applicable to gross receipts derived from Utah sources attributable to or resulting from:

(a)the ownership in this state of any interest in real or tangible personal property, including real property or property rights from which gross receipts from mining as described by Section 613(c), Internal Revenue Code, is derived; and

(b)the carrying on of a business, trade, profession, or occupation in this state

(4)If a domestic corporation or pass-through entity described in Subsection (2) pays a gross receipts tax in another state for sales deriving in that state, the domestic corporation or pass-through entity described in Subsection (2) may claim a credit for a tax collected under this chapter in an amount equal to the amount of gross receipts tax paid in the other state.

Section 19. Effective 01/01/27

59-33-103. Rates.

(1)Except as provided in Subsection (2), the gross receipts tax shall be calculated as follows on each dollar of gross receipts:

(a)0% on the first \$10,000;

(b)2% on the amount between \$10,001 and \$100,000;

(c)2.5% on the amount between \$100,001 and \$1,000,000; and

(d)2.85% on any amount over \$1,000,000

(2)If the total amount of the tax required by Subsection (1) that a corporation or pass-through entity is liable for exceeds the corporation’s or pass-through entity’s gross margin, the corporation or pass-through entity shall pay an amount in tax that is equal to the entity’s gross margin.

Section 20. Effective 01/01/27

59-33-104. Commission duties -- Rulemaking.

(1)The commission shall deposit all revenue collected or received by the commission under this chapter into the fund at least monthly

(2)The commission may make rules in accordance with Title 63G, Chapter 3, Administrative Rulemaking Act, to effectuate this chapter.

Section 21. Effective 01/01/27

59-33-105. Filing -- Taxable year.

(1)Each taxpayer upon whom a gross receipts tax is imposed under this chapter shall file a return with and pay the tax reflected in the return to the commission annually

(2)A taxpayer's taxable year under this chapter is the taxpayer's fiscal year

(3)A taxpayer shall file a return no later than 90 days from the day on which the tax payer's fiscal year ends.

Section 22. Effective 01/01/27

59-33-106. Timely mailing treated as timely filing.

(1)(a)A return, claim, statement, other document, or payment is considered mailed on the date of the postmark

(b)Subsection (1)(a) shall apply only if: (i)the postmark date falls within the prescribed period or on or before the prescribed date:

(A)for the filing of the return, claim, statement, or other document; or (B)for making the payment; and

(ii)the return, claim, statement, other document, or payment, was, within the time prescribed in Subsection (1)(b)(i), deposited in the mail in the United States in an envelope or other appropriate wrapper, postage prepaid, properly addressed to the agency, officer, or office with which the return, claim, statement, or other document is required to be filed, or to which such payment is required to be made

(2)This section shall apply in the case of postmarks not made by the United States post office only if and to the extent provided by rules prescribed by the commission

(3)(a)For purposes of this section, if any such return, claim, statement, other document, or payment is sent by United States registered mail:

(i)such registration shall be prima facie evidence that the return, claim, statement, or other document was delivered to the agency, officer, or office to which addressed; and (ii)the date of registration shall be deemed the postmark date

(b)The commission may provide by rule the extent to which the provisions of Subsection (3)(a) with respect to prima facie evidence of delivery and the postmark date shall apply to certified mail

(4)This section does not apply with respect to currency or other medium of payment unless actually received and accounted for

(5)(a)If any deposit required to be made on or before a prescribed date is, after such date, delivered by the United States mail to the commission, such deposit shall be deemed received by the commission on the date the deposit was mailed

(b)Subsection (5)(a) applies only if the person required to make the deposit establishes that: (i)the date of mailing falls on or before the second day before the prescribed date for making the deposit, including any extension of time granted for making the deposit; and(ii)the deposit was, on or before such second day, mailed in the United States in an envelope or other appropriate wrapper, postage prepaid, properly addressed to the commission.

Section 23. Effective 01/01/27

59-33-107. Place for filing returns.

When not otherwise provided for by this chapter, the commission shall by rule prescribe the place and for the filing of any return, statement, or other documents, required by this chapter or rules.

Section 24. Effective 01/01/27

59-33-108. Time and place for paying tax

(1)If a taxpayer under this chapter obtains an extension under Section 59-33-109, the taxpayer shall pay an amount equal to the previous year's tax required under this chapter when the tax is due

(2)The taxpayer that pays under Subsection (1) shall pay the difference of the tax owed or receive a refund of the amount of tax overpaid when the

taxpayer files the return.

Section 25.

59-33-109. Extension.

(1)The commission shall allow a taxpayer an extension of time for filing a return

(2)An extension described in Subsection (1) may be up to six months.

Section 26. Section **17-50-319** is amended to read: Effective 01/01/28

17-50-319. County charges enumerated.

(1)County charges are:

(a)charges incurred against the county by any law;

(b)the necessary expenses of the county attorney or district attorney incurred in criminal cases arising in the county, and all other expenses necessarily incurred by the county or district attorney in the prosecution of criminal cases, except jury and witness fees;

(c)the expenses of medical care as described in Section 17-22-8, and other expenses necessarily incurred in the support of persons charged with or convicted of a criminal offense and committed to the county jail, except as provided in Subsection (2);

(d)for a county not within the state district court administrative system, the sum required by law to be paid jurors in civil cases;

(e)all charges and accounts for services rendered by any justice court judge for services in the trial and examination of persons charged with a criminal offense not otherwise provided for by law;

(f)the contingent expenses necessarily incurred for the use and benefit of the county;

(g)every other sum directed by law to be raised for any county purposes under the direction of the county legislative body or declared a county charge;

(h)the fees of constables for services rendered in criminal cases;

(i)the necessary expenses of the sheriff and deputies incurred in civil and criminal cases arising in the county, and all other expenses necessarily incurred by the sheriff and deputies in performing the duties imposed upon them by law;

(j)the sums required by law to be paid by the county to jurors and witnesses serving at inquests and in criminal cases in justice courts; and

(k)subject to Subsection (2), expenses incurred by a health care facility or provider in providing medical services, treatment, hospitalization, or related transportation, at the request of a county sheriff for:(i)persons booked into a county jail on a charge of a criminal offense; or(ii)persons convicted of a criminal offense and committed to a county jail

(2)(a)Expenses described in Subsections (1)(c) and (1)(k) are a charge to the county only to the extent that they exceed any private insurance in effect that covers the expenses described in Subsections (1)(c) and (1)(k)

(b)The county may collect costs of medical care, treatment, hospitalization, and related transportation provided to the person described in Subsection (1)(k) who has the resources or the ability to pay, subject to the following priorities for payment:(i)first priority shall be given to restitution; and (ii)second priority shall be given to family support obligations

(c)A county may seek reimbursement from a person described in Subsection (1)(k) for expenses incurred by the county

in behalf of the inmate for ~~medical care, treatment, hospitalization, or related~~ transportation by: (i) deducting the cost from the inmate's cash account on deposit with the detention facility during the inmate's incarceration or during a subsequent incarceration if the subsequent incarceration occurs within the same county and the incarceration is within 10 years of the date of the expense in behalf of the inmate; (ii) placing a lien for the amount of the expense against the inmate's personal property held by the jail; and (iii) adding the amount of expenses incurred to any other amount owed by the inmate to the jail upon the inmate's release in accordance with Subsection 76-3-201(4)(c)

(d) (i) A jail shall ensure that each inmate is enrolled in the Utah Cares state financed universal health cooperative created in Section Title 26C, Utah Cares Act to cover health care expenses if the inmate is eligible for enrollment when enrollment opens on January 1, 2029 (ii) An inmate who receives medical care, treatment, hospitalization, or related transportation shall cooperate with the jail facility seeking payment or reimbursement under this section for the inmate's expenses

(e) If there is no contract between a county jail and a health care facility or provider that establishes a fee schedule for medical services rendered or the individual is not an enrollee described in Subsection (2)(d)(i), expenses under Subsection (1)(k) shall be commensurate with: (i) for a health care facility, the current non-capitated state Medicaid rates; and (ii) for a health care provider, 65% of the amount that would be paid to the health care provider: (A) under the ~~[Public Employees' Benefit and Insurance Program]~~ Utah Cares state financed universal health cooperative created in [Section 49-20-103] Title 26C, Utah Cares Act; and (B) if the person receiving the medical service were ~~[a covered employee under the Public Employees' Benefit and Insurance Program]~~ an enrollee of the Utah Cares state financed universal health cooperative (f) Subsection (1)(k) does not apply to expenses of a person held at the jail at the request of an agency of the United States (g) ~~[A county that receives information from the Public Employees' Benefit and Insurance Program to enable the county to]~~ The Utah Cares state financed universal health cooperative shall calculate the amount to be paid to a health care provider under Subsection (2)(e)(ii) [shall keep that information confidential].

Section 27. Section **26B-2-201** is amended to read: Effective 01/01/27

26B-2-201. Definitions.

As used in this part:

(1) "Abortion clinic" means a type I abortion clinic or a type II abortion clinic

(2) "Activities of daily living" means essential activities including: (a) dressing; (b) eating; (c) grooming; (d) bathing; (e) toileting; (f) ambulation; (g) transferring; and (h) self-administration of medication

(3) "Ambulatory surgical facility" means a freestanding facility, which provides surgical services to patients not requiring hospitalization

(4) "Assistance with activities of daily living" means providing of or arranging for the provision of assistance with activities of daily living

(5) (a) "Assisted living facility" means: (i) a type I assisted living facility, which is a residential facility that provides assistance with activities of daily living and social care to two or more residents who: (A) require protected living arrangements; and (B) are capable of achieving mobility sufficient to exit the facility without the assistance of another person; and (ii) a type II assisted living facility, which is a residential facility with a home-like setting that provides an array of coordinated supportive personal and health care services available 24 hours per day to residents who have been assessed under department rule to need any of these services (b) Each resident in a type I or type II assisted living facility shall have a service plan based on the assessment, which may include: (i) specified services of intermittent nursing care; (ii) administration of medication; and (iii) support services promoting residents' independence and self-sufficiency

(6) "Birthing center" means a facility that: (a) receives maternal clients and provides care during pregnancy, delivery, and immediately after delivery; and (b) (i) is freestanding; or (ii) is not freestanding, but meets the requirements for an alongside midwifery unit described in Subsection 26B-2-228(7)

(7) "Committee" means the Health Facility Committee created in Section 26B-1-204

- (8) "Consumer" means any person not primarily engaged in the provision of health care to individuals or in the administration of facilities or institutions in which such care is provided and who does not hold a fiduciary position, or have a fiduciary interest in any entity involved in the provision of health care, and does not receive, either directly or through his spouse, more than 1/10 of his gross income from any entity or activity relating to health care
- (9) "End stage renal disease facility" means a facility which furnishes staff-assisted kidney dialysis services, self-dialysis services, or home-dialysis services on an outpatient basis
- (10) "Freestanding" means existing independently or physically separated from another health care facility by fire walls and doors and administrated by separate staff with separate records
- (11) "General acute hospital" means a facility which provides diagnostic, therapeutic, and rehabilitative services to both inpatients and outpatients by or under the supervision of physicians
- (12) "Governmental unit" means the state, or any county, municipality, or other political subdivision or any department, division, board, or agency of the state, a county, municipality, or other political subdivision
- (13)(a) "Health care facility" means general acute hospitals, specialty hospitals, home health agencies, hospices, nursing care facilities, residential-assisted living facilities, birthing centers, ambulatory surgical facilities, small health care facilities, abortion clinics, facilities owned or operated by health maintenance organizations, end stage renal disease facilities, and any other health care facility which the committee designates by rule
- (b) "Health care facility" does not include the offices of private physicians or dentists, whether for individual or group practice, except that it does include an abortion clinic
- (14) "Health maintenance organization" means an organization, organized under the laws of any state which:
- (a) is a qualified health maintenance organization under 42 U.S.C. Sec. 300e-9; or
- (b)(i) provides or otherwise makes available to enrolled participants at least the following basic health care services: usual physician services, hospitalization, laboratory, x-ray, emergency, and preventive services and out-of-area coverage;(ii) is compensated, except for copayments, for the provision of the basic health services listed in Subsection (14)(b)(i) to enrolled participants by a payment which is paid on a periodic basis without regard to the date the health services are provided and which is fixed without regard to the frequency, extent, or kind of health services actually provided;(iii) provides physicians' services primarily directly through physicians who are either employees or partners of such organizations, or through arrangements with individual physicians or one or more groups of physicians organized on a group practice or individual practice basis; and (iv) provides physician assistant services
- (15)(a) "Home health agency" means an agency, organization, or facility or a subdivision of an agency, organization, or facility which employs two or more direct care staff persons who provide licensed nursing services, therapeutic services of physical therapy, speech therapy, occupational therapy, medical social services, or home health aide services on a visiting basis
- (b) "Home health agency" does not mean an individual who provides services under the authority of a private license
- (16) "Hospice" means a program of care for the terminally ill and their families which occurs in a home or in a health care facility and which provides medical, palliative, psychological, spiritual, and supportive care and treatment
- (17) "Nursing care facility" means a health care facility, other than a general acute or specialty hospital, constructed, licensed, and operated to provide patient living accommodations, 24-hour staff availability, and at least two of the following patient services:(a) a selection of patient care services, under the direction and supervision of a registered nurse, ranging from continuous medical, skilled nursing, psychological, or other professional therapies to intermittent health-related or paraprofessional personal care services;(b) a structured, supportive social living environment based on a professionally designed and supervised treatment plan, oriented to the individual's habilitation or rehabilitation needs; or (c) a supervised living environment that provides support, training, or assistance with individual activities of daily living

- (18) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof
- (19) "Resident" means a person 21 years old or older who: (a) as a result of physical or mental limitations or age requires or requests services provided in an assisted living facility; and (b) does not require intensive medical or nursing services as provided in a hospital or nursing care facility
- (20) "Small health care facility" means a four to 16 bed facility that provides licensed health care programs and services to residents
- (21) "Specialty hospital" means a facility which provides specialized diagnostic, therapeutic, or rehabilitative services in the recognized specialty or specialties for which the hospital is licensed
- (22) "Substantial compliance" means in a department survey of a licensee, the department determines there is an absence of deficiencies which would harm the physical health, mental health, safety, or welfare of patients or residents of a licensee
- (23) "Type I abortion clinic" means a facility, including a physician's office, but not including a general acute or specialty hospital, that: (a) performs abortions, as defined in Section 76-7-301, during the first trimester of pregnancy; and (b) does not perform abortions, as defined in Section 76-7-301, after the first trimester of pregnancy
- (24) "Type II abortion clinic" means a facility, including a physician's office, but not including a general acute or specialty hospital, that: (a) performs abortions, as defined in Section 76-7-301, after the first trimester of pregnancy; or (b) performs abortions, as defined in Section 76-7-301, during the first trimester of pregnancy and after the first trimester of pregnancy
- (25) "Utah Cares" means the Utah Cares state financed universal health cooperative created in Title 26C, Utah Cares Act.

Section 28. Section **26B-2-206** is amended to read: Effective 01/01/27

26B-2-206. License required -- Not assignable or transferable -- Posting -- Expiration and renewal -- Time for compliance by operating facilities.

- (1)(a) A person or governmental unit acting severally or jointly with any other person or governmental unit, may not establish, conduct, or maintain a health care facility in this state without receiving a license from the department as provided by this part and the rules adopted pursuant to this part
- (b) This Subsection (1) does not apply to facilities that are exempt under Section 26B-2-205
- (2) A license issued under this part is not assignable or transferable
- (3) The current license shall at all times be posted in each health care facility in a place readily visible and accessible to the public
- (4)(a) The department may issue a license for a period of time not to exceed 12 months from the date of issuance for an abortion clinic and not to exceed 24 months from the date of issuance for other health care facilities that meet the provisions of this part and department rules adopted pursuant to this part
- (b) Each license expires at midnight on the day designated on the license as the expiration date, unless previously revoked by the department
- (c) The license shall be renewed upon completion of the application requirements, unless the department finds the health care facility has not complied with the provisions of this part or the rules adopted pursuant to this part
- (5) A license may be issued under this section only for the operation of a specific facility at a specific site by a specific person
- (6) Any health care facility in operation at the time of adoption of any applicable rules as provided under this part shall be given a reasonable time for compliance as determined by the committee.
- (7)(a) Beginning November 1, 2030, the department may not issue or renew a health care facility license unless the licensee has: (i) agreed to a payment structure described in 26C-4-102 with Utah Cares and (ii) authorized Utah Cares to conduct all billing operations on behalf of the health care facility (b) Subsection (7)(a), does not apply to facility licensed as a long-term care facility.

Section 29. Section **26B-3-908** is amended to read:Effective 01/01/28

26B-3-908. Managed care -- Contracting for services.

(1)Program benefits provided to a member under the program, as described in Section 26B-3-904, shall be delivered by a managed care organization if the department determines that adequate services are available where the member lives or resides

(2)The department may contract with a managed care organization to provide program benefits. The department shall evaluate a potential contract with a managed care organization based on:

(a)the managed care organization's:(i)ability to manage medical expenses, including mental health costs;(ii)proven ability to handle accident and health insurance;(iii)efficiency of claim paying procedures;(iv)proven ability for managed care and quality assurance;(v)provider contracting and discounts;(vi)pharmacy benefit management;(vii)estimated total charges for administering the pool;(viii)ability to administer the pool in a cost-efficient manner;(ix)ability to provide adequate providers and services in the state; and(x)ability to meet quality measures for emergency room use and access to primary care established by the department under Subsection 26B-3-204(4); and

(b)other factors established by the department

(3)The department may enter into separate managed care organization contracts to provide dental benefits required by Section 26B-3-904(4)The department's contract with a managed care organization for the program's benefits shall include risk sharing provisions in which the plan shall accept at least 75% of the risk for any difference between the department's premium payments per member and actual medical expenditures(5) ~~[(a)]~~The department may contract with the Group Insurance Division within the Utah State Retirement Office to provide services under Subsection (1) if no managed care organization is willing to contract with the department or the department determines no managed care organization meets the criteria established under Subsection (2)~~[(b)In accordance with Section 49-20-201, a contract awarded under Subsection (5)(a) is not subject to the risk sharing required by Subsection (4).]~~

Section 30. Effective 07/01/27

26B-1-425. Utah Health Workforce Advisory Council -- Creation and membership.

(1)There is created within the ~~[department]~~commission the Utah Health Workforce Advisory Council

(2)The council shall be comprised of at least ~~[14]~~15 but not more than ~~[19]~~20 members

(3)The following are members of the council:

(a)the executive director of the Department of Health and Human Services or that individual's designee;

(b)the executive director of the Department of Workforce Services or that individual's designee;

(c)the commissioner of higher education of the Utah System of Higher Education or that individual's designee;

(d)the state superintendent of the State Board of Education or that individual's designee;

(e)the executive director of the Department of Commerce or that individual's designee;

(f)the director of the Division of Multicultural Affairs or that individual's designee;

(g)the director of the Utah Substance Use and Mental Health Advisory Committee or that individual's designee;

(h)the chair of the Utah Indian Health Advisory Board; ~~[and]~~

(i)the chair of the Utah Medical Education Council created in Section ~~[26B-4-706]~~26C-2-107~~[-]; and~~

(j)the executive director that individual's designee

(4)The executive director shall appoint at least five but not more than ten additional members that represent diverse perspectives regarding Utah's health workforce~~[as defined in Section 26B-4-705]~~

(5)(a)A member appointed by the executive director under Subsection (4) shall serve a four-year term

(b) Notwithstanding Subsection (5)(a) for the initial appointments of members described in Subsection (4) the executive director shall appoint at least three but not more than five members to a two-year appointment to ensure that approximately half of the members appointed by the executive director rotate every two years

(6) The executive director or the executive director's designee shall chair the council

(7) ~~[(a) As used in this Subsection (7), "health workforce" means the same as that term is defined in Section 26B-4-705.]~~

~~[(b)]~~ The council shall: ~~[(i)]~~ (a) meet at least once each quarter; ~~[(ii)]~~ (b) study and provide recommendations to an entity described in Subsection (8) regarding: ~~[(A)]~~ (i) health workforce supply; ~~[(B)]~~ (ii) health workforce employment trends and demand; ~~[(C)]~~ (iii) options for training and educating the health workforce; ~~[(D)]~~ (iv) the implementation or improvement of strategies that entities in the state are using or may use to address health workforce needs including shortages, recruitment, retention, and other Utah health workforce priorities as determined by the council; ~~[(iii)]~~ (c) provide guidance to an entity described in Subsection (8) regarding health workforce related matters; ~~[(iv)]~~ (d) review and comment on legislation relevant to Utah's health workforce; and ~~[(v)]~~ (e) advise the Utah Board of Higher Education and the Legislature on the status and needs of the health workforce who are in training

(8) The council shall provide information described in Subsections (7)(b)(ii) and (iii) to:

(a) the Legislature; (b) the ~~[department]~~ Department of Health and Human Services; (c) the Department of Workforce Services; (d) the Department of Commerce; (e) the commission; ~~[(e)]~~ (f) the Utah Medical Education Council; and ~~[(f)]~~ (g) any other entity the council deems appropriate upon the entity's request

(9)(a) The Utah Medical Education Council created in Section ~~[26B-4-706]~~ 26C-2-107 is a subcommittee of the council

(b) The council may establish subcommittees to support the work of the council

(c) A member of the council shall chair a subcommittee created by the council

(d) Except for the Utah Medical Education Council, the chair of the subcommittee may appoint any individual to the subcommittee

(10) For any report created by the council that pertains to any duty described in Subsection (7), the council shall:

(a) provide the report to: (i) the department; and (ii) any appropriate legislative committee; and

(b) post the report on the council's website

(11) The executive director shall:

(a) ensure the council has adequate staff to support the council and any subcommittee created by the council; and

(b) provide any available information upon the council's request if: (i) that information is necessary for the council to fulfill a duty described in Subsection (7); and (ii) the department has access to the information

(12) A member of the council or a subcommittee created by the council may not receive compensation or benefits for the member's service but may receive per diem and travel expenses as allowed in:

(a) Section 63A-3-106;

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

(c) rules made by the Division of Finance according to Sections 63A-3-106 and 63A-3-107.

Section 31. Effective 07/01/27

26B-4-705. Utah Health Workforce Information Center.

(1) As used in this section:

(a) "Council" means the Utah Health Workforce Advisory Council created in Section ~~[26B-4-425]~~ 26C-2-105

(b) "Health sector" means any place of employment where the primary function is the delivery of health care services

~~[(e) (i)“Health workforce” means the individuals, collectively and by profession, who deliver health care services or assist in the delivery of health care services.] [(ii)“Health workforce” includes any health care professional who does not work in the health sector and any non health care professional who works in the health sector.]~~

(2)There is created within the ~~[department]~~commission the Utah Health Workforce Information Center

(3)The information center shall:

- (a)under the guidance of the council, work with the Department of Commerce to collect data described in Section 58-1-112;
 - (b)analyze data from any available source regarding Utah’s health workforce including data collected by the Department of Commerce under Section 58-1-112;
 - (c)send a report to the council regarding any analysis of health workforce data;
 - (d)conduct research on Utah’s health workforce as directed by the council;
 - (e)notwithstanding the provisions of Subsection 35A-4-312(3), receive information obtained by the Department of Workforce Services under the provisions of Section 35A-4-312 for purposes consistent with the information center’s duties, including identifying changes in Utah’s health workforce numbers, types, and geographic distribution;
 - (f)project the demand for individuals to enter health care professions, including the nursing profession in accordance with Section 53B-26-202;
 - (g)subject to Section 26B-8-406, share data with any appropriate person as determined by the information center; and
 - (h)conduct research and provide analysis for any state agency as approved by the ~~[executive director or the executive director’s designee]~~commission
- (4)Notwithstanding any other provision of state law, the information center is authorized to obtain data from any state agency if:
- (a)the council and the information center deem receiving the data necessary to perform a duty listed under Subsection (3)or~~[26B-1-425(7)]~~26C-2-105(7);and
 - (b)the information center’s access to the data will not:(i) violate any federal statute or federal regulation; or (ii)violate a condition a state agency must follow: (A)to participate in a federal program; or (B)to receive federal funds.

Section 32. Effective 07/01/27

26B-4-706. Utah Medical Education Council.

- (1)(a)There is created the Utah Medical Education Council, which is a subcommittee of the Utah Health Workforce Advisory Council
 - (b)The membership of UMEC shall consist of the following appointed by the governor: (i)the dean of the school of medicine at the University of Utah; (ii)an individual who represents graduate medical education at the University of Utah; (iii)an individual from each institution, other than the University of Utah, that sponsors an accredited clinical education program in the state; and ~~[(iv)an individual from the health care insurance industry; and]~~[(v)](iv) (A)three members of the general public who are not employed by or affiliated with any institution that offers, sponsors, or finances health care or medical education; and(B)if the number of individuals appointed under Subsection (1)(b)(iii) is more than two, the governor may appoint an additional member of the public under this Subsection (1)(b)(v) for each individual the governor appoints under Subsection (1)(b)(iii) beyond two
- (2)Except as provided in Subsections (1)(b)(i) and (ii), no two UMEC members may be employed by or affiliated with the same:
- (a)institution of higher education;
 - (b)state agency outside of higher education; or
 - (c)private entity

- (3)The dean of the school of medicine at the University of Utah:
 - (a)shall chair UMEC;
 - (b)may not be counted in determining the existence of a quorum; and
 - (c)may only cast a vote on a matter before the council if the vote of the other council members results in a tied vote
- (4)UMEC shall annually elect a vice chair from UMEC's members
- (5) (a)Consistent with Subsection (6)(b), a majority of the members constitute a quorum
 - (b)The action of a majority of a quorum is the action of UMEC
- (6) (a)Except as provided in Subsection (6)(b), members are appointed to four-year terms of office
 - (b)Notwithstanding Subsection (6)(a), the governor shall, at the time of the initial appointment, adjust the length of terms to ensure that the terms of UMEC members are staggered so that approximately half of the members are appointed every two years
 - (c)If a vacancy occurs in the membership for any reason, the replacement shall be appointed by the governor for the unexpired term in the same manner as the original appointment was made
- (7)A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
 - (a)Section 63A-3-106;
 - (b)Section 63A-3-107; and
 - (c)rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107
- (8)The council shall provide staff for UMEC.

Section 33. Effective 07/01/27

26B-4-707. Medical Education Program.

- (1)There is created a [~~Medical Education Program~~]medical education program to be administered by UMEC in cooperation with the Division of Finance.
- (2)The [~~program~~]medical education program shall be funded from money received for graduate medical education from:
 - (a)the federal Centers for Medicare and Medicaid Services or other federal agency;
 - (b)state appropriations; and
 - (c)donation or private contributions
- (3)All funding for this program shall be nonlapsing
- (4)[~~Program~~]Medical education program money may only be expended if:
 - (a)approved by UMEC; and
 - (b)used for graduate medical education in accordance with Subsection [~~26B-4-708(4)~~]26C-2-109.

Section 34. Effective 07/01/27

26B-4-708. Duties of UMEC.

UMEC shall:

- (1)seek private and public contributions for the [~~program~~]medical education program;±
- (2)determine the method for reimbursing institutions that sponsor health care professionals in training;
- (3)determine the number and type of positions for health care professionals in training for which [~~program~~]medical education program money may be used;

- (4) distribute ~~[program]~~ medical education program money for graduate medical education in a manner that:
- (a) prepares postgraduate medical residents, as defined by the accreditation council on graduate medical education, for inpatient, outpatient, hospital, community, and geographically diverse settings;
 - (b) encourages the coordination of interdisciplinary clinical training among health care professionals in training;
 - (c) promotes stable funding for the clinical training of health care professionals in training; and
 - (d) only funds accredited clinical training programs; and
 - (5) advise on the implementation of the program.

Section 35. Effective 07/01/27

26B-4-709. Powers of UMEC.

The UMEC may:

- (1) appoint advisory committees of broad representation on interdisciplinary clinical education, workforce mix planning and projections, funding mechanisms, and other topics as is necessary;
- (2) use federal money for necessary administrative expenses to carry out UMEC's duties and powers as permitted by federal law;
- (3) distribute program money in accordance with Subsection ~~[26B-4-708(4)]~~ 26C-2-109(4); and
- (4) as is necessary to carry out UMEC's duties under Section ~~[26B-4-708]~~ 26C-2-109, adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

Section 36. Effective 07/01/27

26B-4-710. Rural residency training program.

- (1) As used in this section ~~[(a) "Physician" means:] [(i) an individual licensed to practice medicine under Title 58, Chapter 67, Utah Medical Practice Act or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; and] [(ii) an individual licensed to practice dentistry under Title 58, Chapter 69, Dentist and Dental Hygienist Practice Act.] [(b) "Rural]"~~ "rural residency training program" means an accredited clinical training program that places a physician into a rural county for a part or all of the physician's clinical training
- (2) Subject to appropriations from the Legislature, UMEC shall establish a pilot program to place physicians into rural residency training programs.

Section 37. Effective 07/01/27

26B-4-711. Residency grant program.

- (1) As used in this section:
- (a) "D.O. program" means an osteopathic medical program that prepares a graduate to obtain licensure as a doctor of osteopathic medicine upon completing a state's licensing requirements
 - (b) "M.D. program" means a medical education program that prepares a graduate to obtain licensure as a doctor of medicine upon completing a state's licensing requirements
 - (c) "Residency program" means a program that provides training for graduates of a D.O. program or an M.D. program
- (2) UMEC shall develop a grant program where a sponsoring institution in Utah may apply for a grant to establish a new residency program or expand a current residency program
- (3) An applicant for a grant shall:
- (a) provide the proposed specialty area for each grant funded residency position;

- (b) identify where the grant funded residency position will provide care;
- (c)(i) provide proof that the residency program is accredited by the Accreditation Council for Graduate Medical Education; or (ii) identify what actions need to occur for the proposed residency program to become accredited by the Accreditation Council for Graduate Medical Education;
- (d) identify how a grant funded residency position will be funded once the residency program exhausts the grant money;
- (e) agree to implement selection processes for a residency position that treat applicants from D.O. programs and applicants from M.D. programs equally
- (f) agree to provide information identified by UMEC that relates to post-residency employment outcomes for individuals who work in grant funded residency positions; and
- (g) provide any other information related to the grant application UMEC deems necessary
- (4) UMEC shall prioritize awarding grants to new or existing residency programs that will:
 - (a) address a workforce shortage, occurring in Utah, for a specialty; or
 - (b) serve an underserved population, including a rural population
- (5)(a) An applicant that receives a grant under this section may apply, every two years, to renew the grant for two years
- (b) An applicant to renew a grant under Subsection (5)(a) shall provide a statement that: (i) the applicant applied for federal funding and was not awarded federal funding in an amount that fully funds each grant funded residency position; or (ii) the funding the applicant described in Subsection (3)(d) is unavailable to the applicant
- (6) Each November 1 until November 2026 and then every three years thereafter, the Health Workforce Advisory Council, in consultation with UMEC, shall provide a written report to the Higher Education Appropriations Subcommittee and the Social Services Appropriations Subcommittee describing:
 - (a) which sponsoring institutions received a grant;
 - (b) the number of residency positions created; and
 - (c) for each residency position created: (i) the type of specialty; (ii) where the residency position provides care; and (iii) an estimated date of when a grant funded residency position will no longer need grant funding.

Section 38. Effective 07/01/27

26B-4-712. Forensic psychiatrist fellowship grant.

- (1) As used in this section, “forensic psychiatry” means the provision of services by an individual who:
 - (a) is a licensed physician;
 - (b) is board certified or board eligible for a psychiatry specialization recognized by the American Board of Medical Specialists or the American Osteopathic Association’s Bureau of Osteopathic Specialists; and
 - (c) uses scientific and clinical expertise in legal contexts involving the mental health of individuals
- (2) UMEC shall establish a grant program that will facilitate the creation of a single forensic psychiatrist fellowship program
- (3) An applicant for the grant shall:
 - (a) demonstrate how the applicant is best suited for developing a forensic psychiatry fellowship program, including: (i) a description of resources that would be available to the program; and (ii) any resources or staff that need to be acquired for the program;
 - (b) identify what needs to occur for the proposed residency program to become accredited by the Accreditation Council for Graduate Medical Education;
 - (c) provide an estimate of how many individuals would be trained in the program at any one time;

- (d)provide any information related to the grant application UMEC deems necessary for awarding the grant; and
- (e)if awarded the grant, agree to: (i)enter into a contract with the Department of Corrections that the applicant will provide for the provision of forensic psychiatry services to an individual: (A)who needs psychiatric services; and (B)is under the Department of Corrections' jurisdiction; and (ii)ensure that any individual hired to provide forensic psychiatry services will comply with all relevant: (A)national licensing requirements; and (B)state licensing requirements under Title 58, Occupations and Professions.

Section 39. Effective 01/01/28

49-20-416. Screening, Brief Intervention, and Referral to Treatment program reimbursement.

(1)As used in this section:

(a)"Controlled substance prescriber" means a controlled substance prescriber, as that term is defined in Section 58-37-6.5, who:

(i)has a record of having completed SBIRT training, in accordance with Subsection 58-37-6.5(2), before providing the SBIRT services; and

(ii)is a program enrolled controlled substance prescriber

(b)"SBIRT" means the same as that term is defined in Section 58-37-6.5

(2)The [health] program [~~offered to the state employee risk pool under Section 49-20-202~~] shall reimburse a controlled substance prescriber who provides SBIRT services to [~~a covered individual~~]an enrollee who is 13 years of age or older for the SBIRT services.

Section 40. Effective 01/01/28

49-20-418. Expanded infertility treatment benefit.

(1)As used in this section:

(a)"Assisted reproductive technology" means the same as the term is defined in 42 U.S.C. Sec. 263a-7

(b)"Physician" means the same as the term is defined in Section 58-67-102

(c)"Qualified assisted reproductive technology cycle" means the use of assisted reproductive technology to transfer a single embryo for implantation

(d)"Qualified individual" means an individual [~~(i)covered within the state risk pool; and~~] [(ii)]eligible for maternity benefits under the program

(2)(a)The program shall offer a benefit of \$4,000 to a qualified individual toward the costs of each qualified assisted reproductive technology cycle

(b)The benefit is subject to the same cost sharing requirements as the qualified individual's plan

(3)A qualified individual shall receive the benefit described in Subsection (2) if:

(a)the qualified individual is the patient who will use the assisted reproductive technology;

(b)(i)the patient's physician verifies that the patient or the patient's spouse has a demonstrated condition recognized by a physician as a cause of infertility; or (ii)the patient attests that the patient is unable to conceive a pregnancy or carry a pregnancy to a live birth after a year or more of regular sexual relations without contraception;

(c)the patient attests that the patient has been unable to attain a successful pregnancy through any less-costly, potentially effective infertility treatments for which coverage is available under the health benefit plan; and

(d)the use of the assisted reproductive technology procedure complies with the program's clinical policies and is performed at a medical facility that conforms to the minimal standards for programs of assisted reproductive technology procedures adopted by the American Society for Reproductive Medicine

(4)(a)The provision of a benefit in accordance with this section shall satisfy, in accordance with Subsection 31A-22-610.1(1)(c)(ii), the requirement to provide an adoption indemnity benefit to a qualified individual under Section 31A-22-610.1

(b)If a qualified individual has received the adoption indemnity benefit required under Section 31A-22-610.1, the qualified individual may not receive a benefit in accordance with this section.

Section 41. Effective 01/01/28

49-20-419. Coverage of exome sequence testing.

(1)As used in this section, “exome sequence testing” means a genomic technique for sequencing the genome of an individual for diagnostic purposes.

(2)~~[Beginning July 1, 2019, the]~~The program shall provide coverage for exome sequence testing:

(a)for ~~[a covered individual within the state risk pool]~~an enrollee who:(i)is younger than 21 years of age; and(ii)who remains undiagnosed after exhausting all other appropriate diagnostic-related tests;

(b)performed by a nationally recognized provider with significant experience in exome sequence testing;

(c)that is medically necessary; and

(d)at a rate set by the program.

Section 42. Effective 01/01/28

49-20-420. Coverage for in vitro fertilization and genetic testing.

(1)As used in this section:

(a)“Qualified condition” means:(i)cystic fibrosis;(ii)spinal muscular atrophy;(iii)Morquio Syndrome;(iv)myotonic dystrophy; or(v)sickle cell anemia

(b)“Qualified individual” means an ~~[covered individual]~~enrollee who:(i)has been diagnosed by a physician as having a genetic trait associated with a qualified condition; and (ii)intends to get pregnant with a partner who is diagnosed by a physician as having a genetic trait associated with the same qualified condition as the ~~[covered individual]~~enrollee

(2)~~[For a plan year that begins on or after July 1, 2020, the]~~The program shall provide coverage for a qualified individual for:

(a)in vitro fertilization services; and

(b)genetic testing of a qualified individual who receives in vitro fertilization services under Subsection (2)(a)

(3)Before November 1, 2022, and before November 1 of every third year thereafter, the program shall:

(a)calculate the change in state spending attributable to the coverage under this section; and

(b)report the amount described in Subsection (3)(a) to the Health and Human Services Interim Committee and the Social Services Appropriations Subcommittee.

Section 43. Effective 01/01/28

49-20-422. Coverage of pregnancy and childbirth services, including doula, direct- entry midwife, and birthing center services.

(1)As used in this section:

(a)“Doula” means an individual who: (i)provides information and physical and emotional support: (A)to a pregnant or postpartum individual; and (B)related to the pregnant or postpartum individual’s pregnancy; and

(ii)is certified by one or more organizations approved by the program

(b)“Pregnancy and childbirth services” means services provided to a pregnant individual before, during, or shortly after childbirth:

(i) by a doula for the services described in Subsections (1)(a)(i) and (ii); and
(ii) at a birthing center that: (A) is licensed under Title 26B, Chapter 2, Licensing and Certifications, or accredited by the Commission for the Accreditation of Birth Centers; and (B) may include services by a direct-entry midwife licensed under Title 58, Chapter 77, Direct-Entry Midwife Act, if the direct-entry midwife is engaged in the practice of direct-entry midwifery, as defined in Section 58-77-102

(c) "Qualified individual" means ~~[a covered individual]~~ an enrollee who is: ~~[(i) within the state employees' risk pool; and]~~
~~[(ii) (A) (i) is pregnant; or (B) (ii) was pregnant within the past six months]~~

(2) For a plan year that begins on or after July 1, 2023, and before July 1, 2026, the program shall cover pregnancy and childbirth services to a qualified individual

(3) The program may establish limits for coverage under Subsection (2), including limits based on:

(a) the type or number of services provided;

(b) a qualified individual's physical or emotional condition; and

(c) conditions for provider participation

(4) The program shall report to the Health and Human Services Interim Committee on or before October 1 of each year regarding coverage provided under Subsection (2), including:

(a) covered providers;

(b) covered services;

(c) provider payment rates;

(d) covered-individual cost sharing;

(e) total provider payments and covered-individual cost sharing; and

(f) any indicators of whether pregnancy and childbirth services covered under Subsection (2) have:

(i) reduced pregnancy or postpartum coverage costs; or (ii) improved pregnancy or postpartum care.

Section 44. Effective 01/01/28

49-20-406. Insurance benefits for employees' beneficiaries.

(1) As used in this section:

(a) "Children" includes stepchildren and legally adopted children

(b) "Covered individual" means an employee of the state

~~[(b)](c)(i)~~ "Line-of-duty death" means a death resulting from: (A) external force or violence occasioned by an act of duty as an employee;

or

(B) strenuous activity, including a heart attack or stroke, that occurs during strenuous training or another strenuous activity required as an act of duty as an employee (ii) "Line-of-duty death" does not include a death that: (A) occurs during an activity that is required as an act of duty as an employee if the activity is not a strenuous activity, including an activity that is clerical, administrative, or of a nonmanual nature contributes to the employee's death; (B) occurs during the commission of a crime committed by the employee; (C) the employee's intoxication or use of alcohol or drugs, whether prescribed or nonprescribed, contributes to the employee's death; or (D) occurs in a manner other than as described in Subsection (1)(b)(i)

~~[(e)](d)(i)~~ "Strenuous activity" means engagement involving a difficult, stressful, or vigorous fire suppression, rescue, hazardous material response,

emergency medical service, physical law enforcement, prison security, disaster relief, or other emergency response activity(ii) "Strenuous activity" includes participating in a participating employer sanctioned and funded training exercise that involves difficult, stressful, or vigorous physical activity

(2) The beneficiary of a covered individual ~~[who is employed by the state]~~ and who has a line-of-duty death shall receive~~[:]~~ ~~[(a)]~~ the proceeds of a \$50,000 group term life insurance policy paid for by the state and administered and provided as part of the group life insurance program under this chapter~~[:]~~ and ~~[(b)]~~ group health coverage paid for by the state that covers the covered individual's: ~~[(i)]~~ surviving spouse until becoming eligible for Medicare as long as the surviving spouse continues coverage with the program; and ~~[(ii)]~~ unmarried children up to the age of 26.]

(3) A covered employer not required to provide the benefits under Subsection (2) may provide either or both of the benefits under Subsection (2) by paying rates established by the program

(4) The benefit provided under Subsection (2)(a) is subject to the same terms and conditions as the group life insurance program provided under this chapter.

Section 45. Section 31A-22-605.5 is amended to read: Effective 01/01/28

31A-22-605.5. Application.

(1) For purposes of this section "insurance mandate": (a) means a mandatory obligation with respect to coverage, benefits, or the number or types of providers imposed on policies of accident and health insurance; and (b) does not mean: (i) an administrative rule imposing a mandatory obligation with respect to coverage, benefits, or providers unless that mandatory obligation was specifically imposed on policies of accident and health insurance by statute; or (ii) an insurance mandate in an essential health benefits package imposed pursuant to the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, and the Health Care Education Reconciliation Act of 2010, Pub. L. No. 111-152, and federal rules related to their implementation

(2)(a) Notwithstanding the provisions of Subsection 31A-1-103(3)(f), the following shall apply to health coverage offered ~~[to the state employees' risk pool under Subsection 49-20-202(1)(a)]~~ through the program described in Section 26C-3-102: (i) any law enacted under this title that becomes effective after January 1, 2002, which provides for an insurance mandate for policies of accident and health insurance; and (ii) in accordance with Section 31A-22-613.5, disclosure requirements for coverage limitations

(b) Notwithstanding the provisions of Subsection 31A-1-103(3)(f), a health insurance mandate enacted under this title after January 1, 2012, shall apply to ~~[:]~~ the program described in Section 26C-3-102 ~~[(i)]~~ health coverage offered to the state employees' risk pool under Subsection 49-20-202(1)(a); and ~~[(ii)]~~ health coverage offered to public school districts, charter schools, and institutions of higher education under Subsection 49-20-201(1)(b). ~~[(d)]~~ The programs regulated under Subsections 49-20-201(1)(b) and 49-20-202(1)(a) shall report to the Retirement and Independent Entities Committee created under Section 63E-1-201 by November 30 of each year in which a mandate is enacted under the provisions of this section. The report shall include the costs and benefits of the particular mandatory obligation. ~~[(e)]~~ ~~(3)~~ ~~[(3)]~~ If health coverage offered to the state employees' risk pool under Subsections 49-20-201(1)(b) and 49-20-202(1)(a) offers coverage in the same manner and to the same extent as the coverage required by an insurance mandate enacted under this title or coverage that is greater than the insurance mandate enacted under this title, the coverage offered to state employees under Subsections 49-20-201(1)(b) and 49-20-202(1)(a) will be considered in compliance with the insurance mandate. Beginning January 1, 2028, a political subdivision, a public school district, a charter school, and a state funded institution of higher education may provide a health benefit plan exclusively through the program described in Section 26C-3-102 ~~[(3)(a)]~~ An insurance mandate for policies of accident and health insurance enacted under this title after January 1, 2012, shall apply to a health plan offered by a public school district, a charter school, or a state funded institution of higher education that is not insured through the Public Employees' Benefit and Insurance

~~Program.] [(b)If an insurance mandate for policies of accident and health insurance is enacted under this title after January 1, 2012, the state shall determine whether each entity described in Subsections (2) and (3)(a) offers coverage in the same manner and to the same extent, or greater than the insurance coverage required in the mandate enacted after January 1, 2012.][(e)Before enacting an insurance mandate, the state shall, for each entity that does not offer coverage in accordance with Subsection (3)(b):][(i)determine the cost to the entity of implementing the insurance mandate; and [(ii)appropriate money necessary to fund the full cost to the entity of implementing the insurance mandate.]~~

Section 46. Section **31A-22-635** is amended to read:Effective 01/01/28

31A-22-635. Uniform application -- Uniform waiver of coverage.

(1)For purposes of this section, “insurer”~~]~~ means the same as that term ~~[(a)]~~is defined in Subsection 31A-22-634(1).~~]; and~~

~~[(b)includes the state employee’s risk pool under Section 49-20-202.]~~

(2)(a)Insurers offering a health benefit plan to an individual or small employer shall use a uniform application form

(b)The uniform application form:(i)may not include questions about an applicant’s health history; and(ii)shall be shortened and simplified in accordance with rules adopted by the commissioner

(c)Insurers offering a health benefit plan to a small employer shall use a uniform waiver of coverage form, which may not include health status related questions, and is limited to: (i)information that identifies the employee; (ii)proof of the employee’s insurance coverage; and(iii)a statement that the employee declines coverage with a particular employer group

(3)Notwithstanding the requirements of Subsection (2)(a), the uniform application and uniform waiver of coverage forms may, if the combination or modification is approved by the commissioner, be combined or modified to facilitate a more efficient and consumer friendly experience for insurers using electronic applications

(4)(a)The uniform application form, and uniform waiver form, shall be adopted and approved by the commissioner in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act

(b)The commissioner shall regulate the fees charged by insurers to an enrollee for a uniform application form or electronic submission of the application forms.

Section 47. Section **31A-22-647** is amended to read:Effective 01/01/28

31A-22-647. Insurer shared savings program.

(1)As used in this section:

(a)”Insurer” means a person who offers health care insurance, including a health maintenance organization as that term is defined in Section 31A-8-101.~~[(b)“PEHP” means the Public Employees’ Benefit and Insurance Program created in Section 49-20-103.] [(e)](b)“Savings reward program” means a program to reward a health insurance enrollee if the enrollee receives services:(i)covered by the enrollee’s health plan; and(ii)from a provider whose costs for services are lower than the average costs for the services~~

(2)An insurer may, in accordance with Subsection (4), establish a savings reward program for a health benefit plan that is:

(a)offered by the insurer; and(b)entered into or renewed on or after January 1, 2019 ~~[(3)PEHP shall, in accordance with Subsection (4), establish a savings reward program for a health plan that is:] [(a)offered to state employees under Title 49, Chapter 20, Public Employees’ Benefit and Insurance Program Act; and] [(b)entered into or renewed on or after July 1, 2019.]~~

~~[(4)](3)A savings reward program described in Subsection (2)[or (3)] may include, in accordance with federal and state law, rewards to the enrollee through:~~

(a)premium discounts;

(b)rebates;

- (c) reduction of out-of-pocket costs; or
- (d) other rewards or incentives developed by the insurer.

Section 48. Section **31A-22-654** is amended to read: Effective 01/01/28

31A-22-654. Study of coverage for in vitro fertilization and genetic testing -- Reporting -- Coverage requirements.

(1) As used in this section:

(a) "Qualified condition" means the same as that term is defined in Section ~~[49-20-420]~~ 26C-5-105

(b) "Qualified insurer" means an insurer that provides a health benefit plan as defined in Section 31A-1-301 to more than 25,000 enrollees in the state as of December 31 of the preceding reporting year

(c) "Qualified enrollee" means an enrollee of a qualified insurer who: (i) has been diagnosed by a physician as having a genetic trait associated with a qualified condition; and (ii) intends to get pregnant with a partner who is diagnosed by a physician as having a genetic trait associated with the same qualified condition as the enrollee

(2)(a) A qualified insurer shall submit the information described in this Subsection (2) to the department for a plan year beginning:

(i) on or after January 1, 2022, but before December 31, 2022; and (ii) on or after January 1, 2025, but before December 31, 2025

(b) A qualified insurer shall study whether providing the coverage for the services described in Subsections (3)(a) and (b) for qualified enrollees will result in cost savings for the qualified insurer

(c)(i) If a qualified insurer determines that providing the coverage described in Subsection (3) for qualified enrollees will result in cost savings for the qualified insurer, the qualified insurer shall submit a summary of the results of the study described in Subsection (2)(b), and: (A) describe how the qualified insurer intends to provide the coverage described in Subsection (3); or (B) submit an explanation of why the insurer will not provide the coverage described in Subsection (3)(ii) If a qualified insurer determines that providing the coverage described in Subsection (3) will not result in cost savings to the qualified insurer, the qualified insurer shall submit a summary of the results of the study described in Subsection (2)(b)

(d) A qualified insurer shall provide the information required under this Subsection (2) to the department no later than: (i) January 1, 2022, for a plan year beginning on or after January 1, 2022, but before December 31, 2022; and (ii) January 1, 2025, for a plan year beginning on or after January 1, 2025, but before December 31, 2025

(3) A qualified insurer shall consider coverage for:

(a) in vitro fertilization services for a qualified enrollee; and

(b) genetic testing of a qualified enrollee who received in vitro fertilization services under Subsection (3)(a)

(4) The department shall report the information received under Subsection (2) to the Health and Human Services Interim Committee on or before:

(a) for information submitted under Subsection (2)(a)(i), November 1, 2022; and

(b) for information submitted under Subsection (2)(a)(ii), November 1, 2025.

Section 49. Section **49-21-105** is amended to read: Effective 01/01/28

49-21-105. Purpose -- Flexibility -- Administration.

(1) The purpose of this chapter is to provide long-term disability benefits for an eligible employee

(2) Subject to the provisions of Section 49-21-201, the program may include one or more long-term disability benefit plans that differ from the benefit plan specified by this chapter for employers who provided health benefits through the Public Employees' Benefit and Insurance Program as of January 1, 2027 ~~[for an eligible employee] [of a covered employer as defined under Section 49-20-102]~~

(3)The program shall be administered by the office, under policies and rules adopted by the board.

Section 50. Section **53-17-201** is amended to read:Effective 01/01/28

53-17-201. Surviving spouse and children health coverage for line-of-duty death.

(1)(a)Subject to Subsection (1)(b), and in accordance with this section, an employer shall allow the surviving spouse and children of a member whose death is classified by the Utah State Retirement Office as a line-of-duty death under the provisions of Title 49, Utah State Retirement and Insurance Benefit Act, to remain eligible for health coverage under the employer’s group health plan as if the surviving spouse was an employee of the employer.

(b)The employer shall pay 100% of the premium costs and, if the health coverage is a high-deductible plan, the employer share of any contribution into a health savings account for the surviving spouse and dependent children as described under Subsections (1)(a) and (2), and may not require payment from the surviving spouse for premium costs or health savings account contributions as a condition of qualifying to continue to receive the health coverage

(c)For the first 12 months after the line-of-duty death, the employer shall pay the amount specified under Subsection (1)(b)

(d)Beginning 13 months after the line-of-duty death, an employer may pay the amount specified under Subsection (1)(b) through a cost-sharing agreement under Section 53-17-301 associated with the trust fund created under Section 53-17-401

(2)An employer shall allow a surviving spouse and children to remain eligible to receive health coverage from the employer under this section at the option of the surviving spouse:

(a)for health coverage for the surviving spouse, until the surviving spouse becomes eligible for Medicare; and

(b)for health coverage of a child, until the child reaches the age of 26

(3)This section does not apply to a member who:

(a)does not qualify for a line-of-duty death benefit under Title 49, Utah State Retirement and Insurance Benefit Act;

(b)at the time of death, did not receive or qualify to receive employer group health coverage; or

(c)is covered under Section ~~[49-20-406]~~26C-7-101.

Section 51. Section **58-1-112** is amended to read:Effective 01/01/28

58-1-112. Data collection.

(1)As used in this section:

(a)”Council” means the Utah Health Workforce Advisory Council created in Section ~~[26B-1-425]~~26C-2-105

(b)”Information center” means the Utah Health Workforce Information Center created in Section ~~[26B-4-705]~~26C-2-106

(2)(a)In accordance with Subsection ~~[26B-4-705(3)(a)]~~26C-2-106(3)(a), the department shall work with the information center to identify relevant data pertaining to a profession described in Subsection (3)

(b)The data should focus on: (i)identifying workforce shortages;(ii)identifying labor market indicators;(iii)determining the educational background of a licensee; and (iv)determining whether Utah is retaining a stable health workforce

(c)After the council approves data to be collected, the department shall request the data from a licensee when a licensee applies for a license or renews the licensee’s license

(d)The department shall send the obtained data to the information center

- (e) A licensee may not be denied a license for failing to provide the data described in Subsection (2)(c) to the department
- (3)(a) The department shall prioritize data collection for each profession licensed under: (i) Chapter 31b, Nurse Practice Act; (ii) Chapter 60, Mental Health Professional Practice Act; (iii) Chapter 61, Psychologist Licensing Act; (iv) Chapter 67, Utah Medical Practice Act; (v) Chapter 68, Utah Osteopathic Medical Practice Act (vi) Chapter 69, Dentist and Dental Hygienist Practice Act; or (vii) Chapter 70a, Utah Physician Assistant Act
- (b) After the department has collected data for each profession described in Subsection (3)(a), the department shall collect data for each profession licensed under: (i) Chapter 5a, Podiatric Physician Licensing Act; (ii) Chapter 17b, Pharmacy Practice Act; (iii) Chapter 24b, Physical Therapy Practice Act; (iv) Chapter 40, Recreational Therapy Practice Act; (v) Chapter 41, Speech-Language Pathology and Audiology Licensing Act; (vi) Chapter 42a, Occupational Therapy Practice Act; (vii) Chapter 44a, Nurse Midwife Practice Act; (viii) Chapter 54, Radiologic Technologist, Radiologist Assistant, and Radiology Practical Technician Licensing Act; or (ix) Chapter 57, Respiratory Care Practices Act
- (c) The department shall collect data in accordance with this section for any health-related occupation or profession that is regulated by the department and is not described in Subsection (3)(a) or (b) if: (i) funding is available; (ii) the council has identified a need for the data; and (iii) data has been collected for each profession described in Subsections (3)(a) and (3)(b).

Section 52. Section **58-17b-802** is amended to read: Effective 01/01/28

58-17b-802. Definitions.

As used in this part:

- (1)(a) "Cosmetic drug" means a prescription drug that: (i) is for the purpose of promoting attractiveness or altering the appearance of an individual; and (ii) (A) is listed as a cosmetic drug subject to the exemption under this section by the division by administrative rule; or (B) has been expressly approved for online dispensing, whether or not it is dispensed online or through a physician's office
- (b) "Cosmetic drug" does not include a prescription drug that is: (i) a controlled substance; (ii) compounded by the physician; or (iii) prescribed for or used by the patient for the purpose of diagnosing, curing, or preventing a disease
- (2) "Employer sponsored clinic" means ~~(a)~~ an entity that has a medical director who is licensed as a physician as defined in Section 58-67-102 and offers health care only to the employees of an exclusive group of employers and the employees' dependents ~~;~~ ~~or~~ ~~]~~
~~[(b) a clinic designated as a clinic for state employees and their dependents by the Public Employees' Benefit and Insurance Program under the pilot program created by Section 49-20-413 including all the patients at that clinic, regardless of the patients' participation in the pilot program.]~~
- (3) "Health care" is as defined in Section 31A-1-301
- (4)(a) "Injectable weight loss drug" means an injectable prescription drug: (i) prescribed to promote weight loss; and (ii) listed as an injectable prescription drug subject to exemption under this section by the division by administrative rule
- (b) "Injectable weight loss drug" does not include a prescription drug that is a controlled substance
- (5) "Prepackaged drug" means a prescription drug that:
- (a) is not listed under federal or state law as a Schedule I, II, III, IV, or V drug; and
- (b) is packaged in a fixed quantity per package by: (i) the drug manufacturer; (ii) a pharmaceutical wholesaler or distributor; or (iii) a pharmacy licensed under this title.

Section 53. Section **58-37-6.5** is amended to read: Effective 01/01/28

58-37-6.5. Continuing education for controlled substance prescribers.

- (1) For the purposes of this section: _

- (a) "Controlled substance prescriber" means an individual, other than a veterinarian, who: (i) is licensed to prescribe a controlled substance under this chapter; and (ii) possesses the authority, in accordance with the individual's scope of practice, to prescribe schedule II controlled substances and schedule III controlled substances that are applicable to opioid narcotics, hypnotic depressants, or psychostimulants
- (b) "D.O." means an osteopathic physician and surgeon licensed under Chapter 68, Utah Osteopathic Medical Practice Act
- (c) "FDA" means the United States Food and Drug Administration
- (d) "M.D." means a physician and surgeon licensed under Chapter 67, Utah Medical Practice Act
- (e) "SBIRT" means the Screening, Brief Intervention, and Referral to Treatment approach used by the federal Substance Abuse and Mental Health Services Administration or defined by the division, in consultation with the Office of Substance Use and Mental Health, by administrative rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
- (2)(a) Beginning with the licensing period that begins after January 1, 2014, as a condition precedent for license renewal, each controlled substance prescriber shall complete at least 3.5 continuing education hours per licensing period that satisfy the requirements of Subsection (3)
- (b)(i) Beginning with the licensing period that begins after January 1, 2024, as a condition precedent for license renewal, each controlled substance prescriber shall complete at least 3.5 continuing education hours in an SBIRT-training class that satisfies the requirements of Subsection (4)
- (ii) Completion of the SBIRT-training class, in compliance with Subsection (2)(b)(i), fulfills the continuing education hours requirement in Subsection (3) for the licensing period in which the class was completed (iii) A controlled substance prescriber: (A) need only take the SBIRT-training class once during the controlled substance prescriber's licensure in the state; and (B) shall provide a completion record of the SBIRT-training class in order to be reimbursed for SBIRT services to patients, in accordance with Sections 26B-3-131 and ~~[49-20-416]~~26C-5-102
- (3) A controlled substance prescriber shall complete at least 3.5 hours of continuing education in one or more controlled substance prescribing classes, except dentists who shall complete at least two hours, that satisfy the requirements of Subsections (4) and (6)
- (4) A controlled substance prescribing class shall: (a) satisfy the division's requirements for the continuing education required for the renewal of the controlled substance prescriber's respective license type;
- (b) be delivered by an accredited or approved continuing education provider recognized by the division as offering continuing education appropriate for the controlled substance prescriber's respective license type; and
- (c) include a postcourse knowledge assessment
- (5) An M.D. or D.O. completing continuing professional education hours under Subsection (4) shall complete those hours in classes that qualify for the American Medical Association Physician's Recognition Award Category 1 Credit
- (6) The 3.5 hours of the controlled substance prescribing classes under Subsection (4) shall include educational content covering the following:
- (a) the scope of the controlled substance abuse problem in Utah and the nation;
- (b) all elements of the FDA Blueprint for Prescriber Education under the FDA's Extended-Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy, as published July 9, 2012, or as it may be subsequently revised;
- (c) the national and Utah-specific resources available to prescribers to assist in appropriate controlled substance and opioid prescribing;
- (d) patient record documentation for controlled substance and opioid prescribing;
- (e) office policies, procedures, and implementation; and
- (f) some training regarding medical cannabis, as that term is defined in Section 26B-4-201
- (7)(a) The division, in consultation with the Utah Medical Association Foundation, shall determine whether a particular controlled substance prescribing class satisfies the educational content requirements of Subsections (4) and (6) for an M.D. or D.O.

(b)The division, in consultation with the applicable professional licensing boards, shall determine whether a particular controlled substance prescribing class satisfies the educational content requirements of Subsections (4) and (6) for a controlled substance prescriber other than an M.D. or D.O

(c)The division may by rule establish a committee that may audit compliance with the Utah Risk Evaluation and Mitigation Strategy (REMS) Educational Programming Project grant, that satisfies the educational content requirements of Subsections (4) and (6) for a controlled substance prescriber

(d)The division shall consult with the Department of Health and Human Services regarding the medical cannabis training described in Subsection (6)(f).

(8)A controlled substance prescribing class required under this section:

(a)may be held: (i)in conjunction with other continuing professional education programs; and (ii)online; and

(b)does not increase the total number of state-required continuing professional education hours required for prescriber licensing

(9)The division may establish rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement this section

(10)A controlled substance prescriber who, on or after July 1, 2017, obtains a waiver to treat opioid dependency with narcotic medications, in accordance with the Drug Addiction Treatment Act of 2000, 21 U.S.C. Sec. 823 et seq., may use the waiver to satisfy the 3.5 hours of the continuing education requirement under Subsection (3) for two consecutive licensing periods.

Section 54. Section **63A-17-804** is amended to read:Effective 01/01/28

63A-17-804. Continuation of Insurance Benefits Program -- Creation -- Coverage following death in the line of duty.

(1)There is created the “Continuation of Insurance Benefits Program” to provide a continuation of insurance to the surviving spouse and family of any state employee whose death occurs in the line of duty

(2)The insurance coverage shall be the same coverage as provided under Section ~~[49-20-406]~~26C-7-101

(3)The program provides that unused accumulated sick leave of a deceased employee may be used for additional medical coverage in the same manner as provided under Section 63A-17-507 or 63A-17-508 as applicable.

Section 55. Section **63C-31-102** is amended to read:Effective 01/01/28

63C-31-102. Creation of State Employee Benefits Advisory Commission -- Membership.

(1)There is created the State Employee Benefits Advisory Commission consisting of the following members:

(a)one member of the Senate, appointed by the president of the Senate;

(b)one member of the House of Representatives, appointed by the speaker of the House of Representatives;

(c)the director of the Division of Human Resource Management, created in Section 63A-17-105, or the director’s designee;

(d)the executive director of the Governor’s Office of Planning and Budget, created in Section 63J-4-201, or the executive director’s designee;

(e)the following four individuals who are not employed by the state or another public entity and are appointed jointly by the president of the Senate and speaker of the House of Representatives:(i)an individual who has experience in health insurance benefits in the private sector;(ii)an individual who has experience in business and employee benefits in the private sector; and(iii)a representative of an organization that represents the interests of state employees; and

(f)a representative of the ~~[Public Employees’ Benefit and Insurance Program]~~Utah Cares state financed universal health cooperative, created in

~~[Section 49-20-103]~~ Title 26C, Utah Cares Act, appointed by the ~~[executive director of the Utah State Retirement Office]~~
Health Services Commission (

- 2)(a) The member of the Senate appointed under Subsection (1)(a) is a cochair of the benefits advisory commission
- (b) The member of the House of Representatives appointed under Subsection (1)(b) is a cochair of the benefits advisory commission
- 3)(a) Each position described in Subsection (1)(e) is for a term of four years
- (b) A vacancy in a position appointed under Subsection (1)(a), (b), (e), or (f) shall be filled by appointing a replacement member in the same manner as the member creating the vacancy was appointed under Subsection (1)(a), (b), (e), or (f), respectively
- (c) If a position described in Subsection (1)(e) is vacant, the president of the Senate and speaker of the House of Representatives shall jointly appoint the replacement member for the remainder of the unexpired term
- 4)(a) A majority of members constitute a quorum
- (b) The action of a majority of a quorum constitutes the action of the benefits advisory commission
- 5) The benefits advisory commission shall meet as necessary to effectively conduct the commission's business and duties as prescribed by statute, but not less than twice a year
- 6) The Division of Human Resource Management shall provide staff support to facilitate the function of the benefits advisory commission and record the benefits advisory commission's action and recommendations
- 7)(a) The salary and expenses of a benefits advisory commission member who is a legislator shall be paid in accordance with Section 36-2-2 and Legislative Joint Rules, Title 5, Legislative Compensation and Expenses
- (b) A benefits advisory commission member who is not a legislator may not receive compensation or benefits for the member's service on the benefits advisory commission, but may receive per diem and reimbursement for travel expenses incurred as a benefits advisory commission member at the rates established by the Division of Finance under: (i) Sections 63A-3-106 and 63A-3-107; and (ii) rules made by the Division of Finance under Sections 63A-3-106 and 63A-3-107
- 8) The benefits advisory commission shall comply with the provisions of Title 52, Chapter 4, Open and Public Meetings Act.

Section 56. Section **63G-2-103** is amended to read: Effective 01/01/28

63G-2-103. Definitions.

As used in this chapter:

(1) "Audit" means:

- (a) a systematic examination of financial, management, program, and related records for the purpose of determining the fair presentation of financial statements, adequacy of internal controls, or compliance with laws and regulations; or
- (b) a systematic examination of program procedures and operations for the purpose of determining their effectiveness, economy, efficiency, and compliance with statutes and regulations

(2) "Chronological logs" mean the regular and customary summary records of law enforcement agencies and other public safety agencies that show: (a) the time and general nature of police, fire, and paramedic calls made to the agency; and

(b) any arrests or jail bookings made by the agency

(3) "Classification," "classify," and their derivative forms mean determining whether a record series, record, or information within a record is public, private, controlled, protected, or exempt from disclosure under Subsection 63G-2-201(3)(b)

(4)(a) "Computer program" means: (i) a series of instructions or statements that permit the functioning of a computer system in a manner designed

to provide storage, retrieval, and manipulation of data from the computer system; and(ii)any associated documentation and source material that explain how to operate the computer program

(b)"Computer program" does not mean:(i)the original data, including numbers, text, voice, graphics, and images;(ii)analysis, compilation, and other manipulated forms of the original data produced by use of the program; or(iii)the mathematical or statistical formulas, excluding the underlying mathematical algorithms contained in the program, that would be used if the manipulated forms of the original data were to be produced manually

(5)(a)"Contractor" means:(i)any person who contracts with a governmental entity to provide goods or services directly to a governmental entity; or (ii)any private, nonprofit organization that receives funds from a governmental entity

(b)"Contractor" does not mean a private provider

(6)"Controlled record" means a record containing data on individuals that is controlled as provided by Section 63G-2-304

(7)"Designation," "designate," and their derivative forms mean indicating, based on a governmental entity's familiarity with a record series or based on a governmental entity's review of a reasonable sample of a record series, the primary classification that a majority of records in a record series would be given if classified and the classification that other records typically present in the record series would be given if classified

(8)"Elected official" means each person elected to a state office, county office, municipal office, school board or school district office, special district office, or special service district office, but does not include judges

(9)"Explosive" means a chemical compound, device, or mixture:(a)commonly used or intended for the purpose of producing an explosion; and (b)that contains oxidizing or combustive units or other ingredients in proportions, quantities, or packing so that:(i)an ignition by fire, friction, concussion, percussion, or detonator of any part of the compound or mixture may cause a sudden generation of highly heated gases; and (ii)the resultant gaseous pressures are capable of: (A)producing destructive effects on contiguous objects; or (B)causing death or serious bodily injury

(10)"Government audit agency" means any governmental entity that conducts an audit

(11)(a)"Governmental entity" means:(i)executive department agencies of the state, the offices of the governor, lieutenant governor, state auditor, attorney general, and state treasurer, the Board of Pardons and Parole, the Board of Examiners, the National Guard, the Career Service Review Office, the State Board of Education, the Utah Board of Higher Education, and the State Archives;(ii)the Office of the Legislative Auditor General, Office of the Legislative Fiscal Analyst, Office of Legislative Research and General Counsel, the Legislature, and legislative committees, except any political party, group, caucus, or rules or sifting committee of the Legislature;(iii)courts, the Judicial Council, the Administrative Office of the Courts, and similar administrative units in the judicial branch;(iv)any state-funded institution of higher education or public education; or(v)any political subdivision of the state, but, if a political subdivision has adopted an ordinance or a policy relating to information practices pursuant to Section 63G-2-701, this chapter shall apply to the political subdivision to the extent specified in Section 63G-2-701 or as specified in any other section of this chapter that specifically refers to political subdivisions

(b)"Governmental entity" also means:(i)every office, agency, board, bureau, committee, department, advisory board, or commission of an entity listed in Subsection (11)(a) that is funded or established by the government to carry out the public's business;(ii)as defined in Section 11-13-103, an interlocal entity or joint or cooperative undertaking, except for the Water District Water Development Council created pursuant to Section 11-13-228; (iii)as defined in Section 11-13a-102, a governmental nonprofit corporation;(iv)an association as defined in Section 53G-7-1101;(v)the Utah Independent Redistricting Commission; and(vi)a law enforcement agency, as defined in Section 53-1-102, that employs one or more law enforcement officers, as defined in Section 53-13103

(c)"Governmental entity" does not include the Utah Educational Savings Plan created in Section 53B-8a-103

(12) "Gross compensation" means every form of remuneration payable for a given period to an individual for services provided including salaries, commissions, vacation pay, severance pay, bonuses, and any board, rent, housing, lodging, payments in kind, and any similar benefit received from the individual's employer

(13) "Individual" means a human being

(14)(a) "Initial contact report" means an initial written or recorded report, however titled, prepared by peace officers engaged in public patrol or response duties describing official actions initially taken in response to either a public complaint about or the discovery of an apparent violation of law, which report may describe: (i) the date, time, location, and nature of the complaint, the incident, or offense; (ii) names of victims; (iii) the nature or general scope of the agency's initial actions taken in response to the incident; (iv) the general nature of any injuries or estimate of damages sustained in the incident; (v) the name, address, and other identifying information about any person arrested or charged in connection with the incident; or (vi) the identity of the public safety personnel, except undercover personnel, or prosecuting attorney involved in responding to the initial incident

(b) Initial contact reports do not include follow-up or investigative reports prepared after the initial contact report.

However, if the information specified in Subsection (14)(a) appears in follow-up or investigative reports, it may only be treated confidentially if it is private, controlled, protected, or exempt from disclosure under Subsection 63G-2-201(3)(b)

(c) Initial contact reports do not include accident reports, as that term is described in Title 41, Chapter 6a, Part 4, Accident Responsibilities

(15) "Legislative body" means the Legislature

(16) "Notice of compliance" means a statement confirming that a governmental entity has complied with an order of the State Records Committee

(17) "Person" means: (a) an individual; (b) a nonprofit or profit corporation; (c) a partnership; (d) a sole proprietorship; (e) other type of business organization; or (f) any combination acting in concert with one another

(18) "Personal identifying information" means the same as that term is defined in Section 63A-12-100.5

(19) "Privacy annotation" means the same as that term is defined in Section 63A-12-100.5

(20) "Private provider" means any person who contracts with a governmental entity to provide services directly to the public

(21) "Private record" means a record containing data on individuals that is private as provided by Section 63G-2-302

(22) "Protected record" means a record that is classified protected as provided by Section 63G-2-305

(23) "Public record" means a record that is not private, controlled, or protected and that is not exempt from disclosure as provided in Subsection 63G-2-201(3)(b)

(24) "Reasonable search" means a search that is: (a) reasonable in scope and intensity; and (b) not unreasonably burdensome for the government entity

(25)(a) "Record" means a book, letter, document, paper, map, plan, photograph, film, card, tape, recording, electronic data, or other documentary material regardless of physical form or characteristics: (i) that is prepared, owned, received, or retained by a governmental entity or political subdivision; and (ii) where all of the information in the original is reproducible by photocopy or other mechanical or electronic means

(b) "Record" does not include: (i) a personal note or personal communication prepared or received by an employee or officer of a governmental entity: (A) in a capacity other than the employee's or officer's governmental capacity; or (B) that is unrelated to the conduct of the public's business; (ii) a temporary draft or similar material prepared for the originator's personal use or prepared by the originator for the personal use of an individual for whom the originator is working; (iii) material that is legally owned by an individual in the individual's private capacity; (iv) material to which access is limited by the laws of copyright or patent unless the copyright or patent is owned by a governmental entity or political

subdivision;(v)proprietary software;(vi)junk mail or a commercial publication received by a governmental entity or an official or employee of a governmental entity;(vii)a book that is cataloged, indexed, or inventoried and contained in the collections of a library open to the public; (viii)material that is cataloged, indexed, or inventoried and contained in the collections of a library open to the public, regardless of physical form or characteristics of the material;(ix)a daily calendar; (x)a note prepared by the originator for the originator’s own use or for the sole use of an individual for whom the originator is working;(xi)a computer program that is developed or purchased by or for any governmental entity for its own use; (xii)a note or internal memorandum prepared as part of the deliberative process by:(A)a member of the judiciary;(B)an administrative law judge;(C)a member of the Board of Pardons and Parole; or(D)a member of any other body, other than an association or appeals panel as defined in Section 53G-7-1101, charged by law with performing a quasi-judicial function;(xiii)a telephone number or similar code used to access a mobile communication device that is used by an employee or officer of a governmental entity, provided that the employee or officer of the governmental entity has designated at least one business telephone number that is a public record as provided in Section 63G-2-301; [~~(xiv)information provided by the Public Employees’ Benefit and Insurance Program, created in Section 49-20-103, to a county to enable the county to calculate the amount to be paid to a health care provider under Subsection 17-50-319(2)(e)(ii);~~] [(xv)](xiv)information that an owner of unimproved property provides to a local entity as provided in Section 11-42-205;[(~~xvi~~)](xv)a video or audio recording of an interview, or a transcript of the video or audio recording, that is conducted at a Children’s Justice Center established under Section 67-5b-102; [(~~xvii~~)](xvi)child sexual abuse material, as defined by Section 76-5b103;

[(~~xviii~~)](xvii)before final disposition of an ethics complaint occurs, a video or audio recording of the closed portion of a meeting or hearing of:

(A)a Senate or House Ethics Committee;(B)the Independent Legislative Ethics Commission;(C)the Independent Executive Branch Ethics Commission, created in Section 63A-14-202; or(D)the Political Subdivisions Ethics Review Commission established in Section 63A-15-201;[(~~xix~~)](xviii)confidential communication described in Section 58-60-102, 58-61-102, or 58-61-702; [(~~xx~~)](xix)any item described in Subsection (25)(a) that is:(A)described in Subsection 63G-2-305(17), (18), or (23)(b); and(B)shared between any of the following entities:(I)the Division of Risk Management; (II)the Office of the Attorney General;(III)the governor’s office; or (IV)the Legislature; or [(~~xxi~~)](xx)the email address that a candidate for elective office provides to a filing officer under Subsection 20A-9-201(5)(c)(ii) or 20A-9-203(4)(c)(iv)

(26)“Record series” means a group of records that may be treated as a unit for purposes of designation, description, management, or disposition

(27)“Records officer” means the individual appointed by the chief administrative officer of each governmental entity, or the political subdivision to work with state archives in the care, maintenance, scheduling, designation, classification, disposal, and preservation of records

(28)“Schedule,” “scheduling,” and their derivative forms mean the process of specifying the length of time each record series should be retained by a governmental entity for administrative, legal, fiscal, or historical purposes and when each record series should be transferred to the state archives or destroyed

(29)“Sponsored research” means research, training, and other sponsored activities as defined by the federal Executive Office of the President, Office of Management and Budget:(a)conducted:(i)by an institution within the state system of higher education defined in Section 53B-1-102; and(ii)through an office responsible for sponsored projects or programs; and

(b)funded or otherwise supported by an external:(i)person that is not created or controlled by the institution within the state system of higher education; or(ii)federal, state, or local governmental entity

(30)“State archives” means the Division of Archives and Records Service created in Section 63A-12-101

(31)“State archivist” means the director of the state archives

(32) "State Records Committee" means the State Records Committee created in Section 63G-2-501

(33) "Summary data" means statistical records and compilations that contain data derived from private, controlled, or protected information but that do not disclose private, controlled, or protected information.

Section 57. Section **63I-1-226** is amended to read: Effective 01/01/28

63I-1-226. Repeal dates: Titles 26 through 26C.

(1) Subsection 26B-1-204(2)(h), regarding the Primary Care Grant Committee, is repealed July 1, 2025

(2) Section 26B-1-315, Medicaid ACA Fund, is repealed July 1, 2034

(3) Section 26B-1-318, Brain and Spinal Cord Injury Fund, is repealed July 1, 2029

(4) Section 26B-1-402, Rare Disease Advisory Council Grant Program -- Creation -- Reporting, is repealed July 1, 2026

(5) Section 26B-1-409, Utah Digital Health Service Commission -- Creation -- Membership -- Duties, is repealed July 1, 2025

(6) Section 26B-1-410, Primary Care Grant Committee, is repealed July 1, 2025

(7) Section 26B-1-416, Utah Children's Health Insurance Program Advisory Council, is repealed July 1, 2025

(8) Section 26B-1-417, Brain and Spinal Cord Injury Advisory Committee -- Membership -- Duties, is repealed July 1, 2029

(9) Section 26B-1-422, Early Childhood Utah Advisory Council -- Creation -- Compensation -- Duties, is repealed July 1, 2029

~~[(10) Section 26B-1-425, Utah Health Workforce Advisory Council -- Creation and membership, is repealed July 1, 2027.]~~

~~[(11)](10) Section 26B-1-428, Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee and Program -- Creation -- Membership -- Duties, is repealed July 1, 2025~~ ~~[(12)](11) Section 26B-1-430, Coordinating Council for Persons with Disabilities -- Policy regarding services to individuals with disabilities -- Creation -- Membership -- Expenses, is repealed July 1, 2027~~

~~[(13)](12) Section 26B-1-432, Newborn Hearing Screening Committee, is repealed July 1, 2026~~

~~[(14)](13) Section 26B-2-407, Drinking water quality in child care centers, is repealed July 1, 2027~~

~~[(15)](14) Subsection 26B-3-107(9), regarding reimbursement for dental hygienists, is repealed July 1, 2028~~

~~[(16)](15) Section 26B-3-136, Children's Health Care Coverage Program, is repealed July 1, 2025~~

~~[(17)](16) Section 26B-3-137, Reimbursement for diabetes prevention program, is repealed June 30, 2027~~

~~[(18)](17) Subsection 26B-3-213(2)(b), regarding consultation with the Behavioral Health Crisis Response Committee, is repealed December 31, 2026~~

~~[(19)](18) Section 26B-3-302, DUR Board -- Creation and membership -- Expenses, is repealed July 1, 2027~~

~~[(20)](19) Section 26B-3-303, DUR Board -- Responsibilities, is repealed July 1, 2027~~

~~[(21)](20) Section 26B-3-304, Confidentiality of records, is repealed July 1, 2027~~

~~[(22)](21) Section 26B-3-305, Drug prior approval program, is repealed July 1, 2027~~

~~[(23)](22) Section 26B-3-306, Advisory committees, is repealed July 1, 2027~~

~~[(24)](23) Section 26B-3-307, Retrospective and prospective DUR, is repealed July 1, 2027~~

~~[(25)](24) Section 26B-3-308, Penalties, is repealed July 1, 2027~~

~~[(26)](25) Section 26B-3-309, Immunity, is repealed July 1, 2027~~

~~[(27)](26) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1, 2034~~

~~[(28)](27) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is repealed July 1, 2034~~

~~[(29)](28) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1, 2028~~

~~[(30)](29) Section 26B-3-910, Alternative eligibility -- Report -- Alternative Eligibility Expendable Revenue Fund, is repealed July 1, 2028~~

[(31)](30)Section [26B-4-710]26C-2-111, Rural residency training program, is repealed July 1, 2025
 [(32)](31)Subsection 26B-5-112(1)(b), regarding consultation with the Behavioral Health Crisis Response Committee, is repealed December 31, 2026
 [(33)](32)Subsection 26B-5-112(5)(b), regarding consultation with the Behavioral Health Crisis Response Committee, is repealed December 31, 2026
 [(34)](33)Section 26B-5-112.5, Mobile Crisis Outreach Team Grant Program, is repealed December 31, 2026
 [(35)](34)Section 26B-5-114, Behavioral Health Receiving Center Grant Program, is repealed December 31, 2026 [(36)](35)Section 26B-5-118, Collaborative care grant program, is repealed December 31, 2024
 [(37)](36)Section 26B-5-120, Virtual crisis outreach team grant program, is repealed December 31, 2026
 [(38)](37)Subsection 26B-5-609(1)(a), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026
 [(39)](38)Subsection 26B-5-609(3)(b), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026
 [(40)](39)Subsection 26B-5-610(1)(b), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026
 [(41)](40)Subsection 26B-5-610(2)(b)(ii), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026
 [(42)](41)Section 26B-5-612, Integrated behavioral health care grant programs, is repealed December 31, 2025
 [(43)](42)Title 26B, Chapter 5, Part 7, Utah Behavioral Health Commission, is repealed July 1, 2029
 [(44)](43)Subsection 26B-5-704(2)(a), regarding the Behavioral Health Crisis Response Committee, is repealed December 31, 2026
 [(45)](44)Subsection 26B-5-704(2)(b), regarding the Education and Mental Health Coordinating Committee, is repealed December 31, 2024
 [(46)](45)Title 26B, Chapter 5, Part 8, Utah Substance Use and Mental Health Advisory Committee, is repealed January 1, 2033
 [(47)](46)Section 26B-7-119, Hepatitis C Outreach Pilot Program, is repealed July 1, 2028
 [(48)](47)Section 26B-7-122, Communication Habits to reduce Adolescent Threats Pilot Program, is repealed July 1, 2029
 [(49)](48)Section 26B-7-123, Report on CHAT campaign, is repealed July 1, 2029
 [(50)](49)Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 2026.

Section 58. Section **63I-1-253** is amended to read:Effective 01/01/28

63I-1-253. Repeal dates: Titles 53 through 53G.

- (1)Section 53-1-122, Road Rage Awareness and Prevention Restricted Account, is repealed July 1, 2028
- (2)Section 53-2a-105, Emergency Management Administration Council created -- Function -- Composition -- Expenses, is repealed July 1, 2029
- (3)Section 53-2a-1103, Search and Rescue Advisory Board -- Members -- Compensation, is repealed July 1, 2027
- (4)Section 53-2a-1104, General duties of the Search and Rescue Advisory Board, is repealed July 1, 2027
- (5)Title 53, Chapter 2a, Part 15, Grid Resilience Committee, is repealed July 1, 2027
- (6)Section 53-2d-104, State Emergency Medical Services Committee -- Membership -- Expenses, is repealed July 1, 2029
- ~~[(7)Section 53-2d-703, Volunteer Emergency Medical Service Personnel Health Insurance Program -- Creation -- Administration -- Eligibility -- Benefits -- Rulemaking -- Advisory board, is repealed July 1, 2027.]~~
- [(8)](7)Section 53-5-703, Board -- Membership -- Compensation -- Terms -- Duties, is repealed July 1, 2029

~~[(9)](8)~~Section 53-11-104, Board, is repealed July 1, 2029
~~[(10)](9)~~Section 53-22-104.1, School Security Task Force -- Membership -- Duties -- Per diem -- Report -- Expiration, is repealed December 31, 2025
~~[(11)](10)~~Section 53-22-104.2, The School Security Task Force -- Education Advisory Board, is repealed December 31, 2025
~~[(12)](11)~~Subsection 53B-1-301(1)(j), regarding the Higher Education and Corrections Council, is repealed July 1, 2027
~~[(13)](12)~~Section 53B-7-709, Five-year performance goals, is repealed July 1, 2027
~~[(14)](13)~~Title 53B, Chapter 8a, Part 3, Education Savings Incentive Program, is repealed July 1, 2028
~~[(15)](14)~~Title 53B, Chapter 17, Part 11, USTAR Researchers, is repealed July 1, 2028
~~[(16)](15)~~Section 53B-17-1203, SafeUT and School Safety Commission established -- Members, is repealed January 1, 2030
~~[(17)](16)~~Title 53B, Chapter 18, Part 16, USTAR Researchers, is repealed July 1, 2028
~~[(18)](17)~~Title 53B, Chapter 18, Part 17, Food Security Council, is repealed July 1, 2027
~~[(19)](18)~~Title 53B, Chapter 18, Part 18, Electrification of Transportation Infrastructure Research Center, is repealed July 1, 2028
~~[(20)](19)~~Title 53B, Chapter 35, Higher Education and Corrections Council, is repealed July 1, 2027
~~[(21)](20)~~Subsection 53C-3-203(4)(b)(vii), regarding the distribution of money from the Land Exchange Distribution Account to the Geological Survey for test wells and other hydrologic studies in the West Desert, is repealed July 1, 2030
~~[(22)](21)~~Subsection 53E-1-201(1)(q), regarding the Higher Education and Corrections Council, is repealed July 1, 2027
~~[(23)](22)~~Subsection 53E-2-304(6), regarding foreclosing a private right of action or waiver of governmental immunity, is repealed July 1, 2027
~~[(24)](23)~~Subsection 53E-3-503(5), regarding coordinating councils for youth in care, is repealed July 1, 2027
~~[(25)](24)~~Subsection 53E-3-503(6), regarding coordinating councils for youth in care, is repealed July 1, 2027
~~[(26)](25)~~Subsection 53E-4-202(8)(b), regarding a standards review committee, is repealed January 1, 2028
~~[(27)](26)~~Section 53E-4-203, Standards review committee, is repealed January 1, 2028
~~[(28)](27)~~Title 53E, Chapter 6, Part 5, Utah Professional Practices Advisory Commission, is repealed July 1, 2033
~~[(29)](28)~~Subsection 53E-7-207(7), regarding a private right of action or waiver of governmental immunity, is repealed July 1, 2027
~~[(30)](29)~~Section 53F-2-420, Intensive Services Special Education Pilot Program, is repealed July 1, 2024
~~[(31)](30)~~Section 53F-5-214, Grant for professional learning, is repealed July 1, 2025
~~[(32)](31)~~Section 53F-5-215, Elementary teacher preparation grant, is repealed July 1, 2025
~~[(33)](32)~~Section 53F-5-219, Local Innovations Civics Education Pilot Program, is repealed July 1, 2025
~~[(34)](33)~~Title 53F, Chapter 10, Part 2, Capital Projects Evaluation Panel, is repealed July 1, 2027
~~[(35)](34)~~Subsection 53G-4-608(2)(b), regarding the Utah Seismic Safety Commission, is repealed January 1, 2025
~~[(36)](35)~~Subsection 53G-4-608(4)(b), regarding the Utah Seismic Safety Commission, is repealed January 1, 2025
~~[(37)](36)~~Section 53G-9-212, Drinking water quality in schools, is repealed July 1, 2027.

Section 59. Section **63I-2-249** is amended to read:Effective 01/01/28

63I-2-249. Repeal dates: Title 49.

~~Reserved [(1)Subsection 49-20-420(3), regarding a requirement to report to the Legislature, is repealed January 1, 2030.]~~

~~[(2)Section 49-20-422, Coverage of pregnancy and childbirth services, including doula, direct-entry midwife, and birthing center services, is repealed July 1, 2027.]~~

Section 60. Section **63J-1-602.2** is amended to read:Effective 07/01/27

63J-1-602.2. List of nonlapsing appropriations to programs.

Appropriations made to the following programs are nonlapsing:

- (1)The Legislature and the Legislature's committees
- (2)The State Board of Education, including all appropriations to agencies, line items, and programs under the jurisdiction of the State Board of Education,
in accordance with Section 53F-9-103
- (3)The Rangeland Improvement Act created in Section 4-20-101
- (4)The Percent-for-Art Program created in Section 9-6-404
- (5)The LeRay McAllister Working Farm and Ranch Fund created in Section 4-46-301
- (6)The Utah Lake Authority created in Section 11-65-201
- (7)Dedicated credits accrued to the Utah Marriage Commission as provided under Subsection 17-16-21(2)(d)(ii)
- (8)The Wildlife Land and Water Acquisition Program created in Section 23A-6-205
- (9)Sanctions collected as dedicated credits from Medicaid providers under Subsection 26B-3-108(7)
- (10)The primary care grant program created in Section 26B-4-310
- (11)The Opiate Overdose Outreach Pilot Program created in Section 26B-4-512
- (12)The Utah Health Care Workforce Financial Assistance Program created in Section 26B-4-702
- (13)The Rural Physician Loan Repayment Program created in Section 26B-4-703
- (14)The Utah Medical Education Council for the:(a)administration of the Utah Medical Education Program created in Section [~~26B-4-707~~]26C-2-108;(b)provision of medical residency grants described in Section [~~26B-4-711~~]26C-2-112; and(c)provision of the forensic psychiatric fellowship grant described in Section [~~26B-4-712~~]26C-2-113
- (15)The Division of Services for People with Disabilities, as provided in Section 26B-6-402
- (16)The Communication Habits to reduce Adolescent Threats (CHAT) Pilot Program created in Section 26B-7-122
- (17)Funds that the Department of Alcoholic Beverage Services retains in accordance with Subsection 32B-2-301(8)(a) or (b)
- (18)The General Assistance program administered by the Department of Workforce Services, as provided in Section 35A-3-401
- (19)The Utah National Guard, created in Title 39A, National Guard and Militia Act
- (20)The Search and Rescue Financial Assistance Program, as provided in Section 53-2a-1102
- (21)The Emergency Medical Services Grant Program in Section 53-2d-207
- (22)The Motorcycle Rider Education Program, as provided in Section 53-3-905
- (23)The Utah Board of Higher Education for teacher preparation programs, as provided in Section 53B-6-104
- (24)Innovation grants under Section 53G-10-608, except as provided in Subsection 53G-10-608(6)
- (25)The Division of Fleet Operations for the purpose of upgrading underground storage tanks under Section 63A-9-401
- (26)The Utah Seismic Safety Commission, as provided in Section 63C-6-104
- (27)The Division of Technology Services for technology innovation as provided under Section 63A-16-903
- (28)The State Capitol Preservation Board created by Section 63O-2-201
- (29)The Office of Administrative Rules for publishing, as provided in Section 63G-3-402
- (30)The Colorado River Authority of Utah, created in Title 63M, Chapter 14, Colorado River Authority of Utah Act

- (31)The Governor’s Office of Economic Opportunity to fund the Enterprise Zone Act, as provided in Title 63N, Chapter 2, Part 2, Enterprise Zone Act.
- (32)The Governor’s Office of Economic Opportunity’s Rural Employment Expansion Program, as described in Title 63N, Chapter 4, Part 4, Rural Employment Expansion Program
- (33)County correctional facility contracting program for state inmates as described in Section 64-13e-103
- (34)County correctional facility reimbursement program for state probationary inmates and state parole inmates as described in Section 64-13e-104.
- (35)Programs for the Jordan River Recreation Area as described in Section 65A-2-8
- (36)The Division of Human Resource Management user training program, as provided in Section 63A-17-106
- (37)A public safety answering point’s emergency telecommunications service fund, as provided in Section 69-2-301
- (38)The Traffic Noise Abatement Program created in Section 72-6-112
- (39)The money appropriated from the Navajo Water Rights Negotiation Account to the Division of Water Rights, created in Section 73-2-1.1, for purposes of participating in a settlement of federal reserved water right claims.
- (40)The Judicial Council for compensation for special prosecutors, as provided in Section 77-10a-19
- (41)A state rehabilitative employment program, as provided in Section 78A-6-210
- (42)The Utah Geological Survey, as provided in Section 79-3-401
- (43)The Bonneville Shoreline Trail Program created under Section 79-5-503
- (44)Adoption document access as provided in Sections 78B-6-141, 78B-6-144, and 78B-6-144.5
- (45)Indigent defense as provided in Title 78B, Chapter 22, Part 4, Utah Indigent Defense Commission
- (46)The program established by the Division of Facilities Construction and Management under Section 63A-5b-703 under which state agencies receive an appropriation and pay lease payments for the use and occupancy of buildings owned by the Division of Facilities Construction and Management.
- (47)The State Tax Commission for reimbursing counties for deferrals in accordance with Section 59-2-1802.5
- (48)The Veterinarian Education Loan Repayment Program created in Section 4-2-902.

Section 61. Section **63J-7-102** is amended to read:Effective 07/01/27

63J-7-102. Scope and applicability of chapter.

- (1)Except as provided in Subsection (2), and except as otherwise provided by a statute superseding provisions of this chapter by explicit reference to this chapter, the provisions of this chapter apply to each agency and govern each grant received on or after May 5, 2008
- (2)This chapter does not govern:(a)a grant deposited into a General Fund restricted account;
- (b)a grant deposited into a Fiduciary Fund as defined in Section 51-5-4;
- (c)a grant deposited into an Enterprise Fund as defined in Section 51-5-4;
- (d)a grant made to the state without a restriction or other designated purpose that is deposited into the General Fund as free revenue;
- (e)a grant made to the state that is restricted only to “education” and that is deposited into the Income Tax Fund or Uniform School Fund as free revenue;
- (f)in-kind donations;
- (g)a tax, fees, penalty, fine, surcharge, money judgment, or other money due the state when required by state law or application of state law;
- (h)a contribution made under Title 59, Chapter 10, Part 13, Individual Income Tax Contribution Act;

- (i) a grant received by an agency from another agency or political subdivision;
 - (j) a grant to the Utah Dairy Commission created in Section 4-22-103;
 - (k) a grant to the Heber Valley Historic Railroad Authority created in Section 63H-4-102;
 - (l) a grant to the Utah State Railroad Museum Authority created in Section 63H-5-102;
 - (m) a grant to the Utah Housing Corporation created in Section 63H-8-201;
 - (n) a grant to the State Fair Park Authority created in Section 11-68-201;
 - (o) a grant to the Utah State Retirement Office created in Section 49-11-201;
 - (p) a grant to the School and Institutional Trust Lands Administration created in Section 53C-1-201;
 - (q) a grant to the Utah Communications Authority created in Section 63H-7a-201;
 - (r) a grant to the Medical Education Program created in Section ~~[26B-4-707]~~26C-2-108;
 - (s) a grant to the Utah Capital Investment Corporation created in Section 63N-6-301;
 - (t) a grant to the Utah Charter School Finance Authority created in Section 53G-5-602;
 - (u) a grant to the State Building Ownership Authority created in Section 63B-1-304; or
 - (v) a grant to the Military Installation Development Authority created in Section 63H-1-201
- (3) An agency need not seek legislative review or approval of grants under Part 2, Grant Approval Requirements, if:
- (a) the governor has declared a state of emergency; and
 - (b) the grant is donated to the agency to assist victims of the state of emergency under Subsection 53-2a-204(1).

Section 62. Section **64-13-30** is amended to read: Effective 01/01/28

64-13-30. Expenses incurred by offenders -- Payment to department or county jail -- Medical care expenses and copayments.

- (1)(a) The department or county jail may require an inmate to make a copayment for medical and dental services provided by the department or county jail.
 - (b) For services provided while in the custody of the department, the copayment by the inmate is \$5 for primary medical care, \$5 for dental care, and \$2 for prescription medication
 - (c) For services provided outside of a prison facility while in the custody of the department, the offender is responsible for 10% of the costs associated with hospital care with a cap on an inmate's share of hospital care expenses not to exceed \$2,000 per fiscal year
- (2)(a) An inmate who has assets exceeding \$200,000, as determined by the department upon entry into the department's custody, is responsible to pay the costs of all medical and dental care up to 20% of the inmate's total determined asset value
- (b) After an inmate has received medical and dental care equal to 20% of the inmate's total asset value, the inmate is subject to the copayments provided in Subsection (1)
- (3) The department shall turn over to the Office of State Debt Collection any debt under this section that is unpaid at the time the offender is released from parole
- (4) An inmate may not be denied medical treatment if the inmate is unable to pay for the treatment because of inadequate financial resources
- (5) When an offender in the custody of the department receives medical care that is provided outside of a prison facility, the department shall pay the costs:
- (a) at the contracted rate; or
 - (b) (i) if there is no contract between the department and a health care facility that establishes a fee schedule for medical services rendered or the individual is not an enrollee described in Subsection (6)(a), expenses shall be at the noncapitated state Medicaid rate in effect at the time the service

was provided; and(ii)if there is no contract between the department and a health care provider that establishes a fee schedule for medical services rendered, expenses shall be 65% of the amount that would be paid under the [~~Public Employees' Benefit and Insurance Program, created in Section 49-20-103~~]Utah Cares Health Financing Program, created in Section Title 26C, Utah Cares Act

(6)(a)A jail shall ensure that each inmate is enrolled in the Utah Cares Health Financing Program if the inmate is eligible for enrollment when enrollment opens on January 1, 2029

(b)Expenses described in Subsection (5) are a cost to the department only to the extent that they exceed an offender's private insurance that is in effect at the time of the service and that covers those expenses

(7)(a)~~The [Public Employees' Benefit and Insurance Program shall provide information to the department that enables the department to]~~Utah Cares state financed universal health cooperative shall calculate the amount to be paid to a health care provider under Subsection (5)(b)

(b)The department shall ensure that information provided under Subsection (7)(a) is confidential.

Section 63. Section **67-19d-201.5** is amended to read:Effective 01/01/28

67-19d-201.5. Elected Official Post-Retirement Benefits Trust Fund -- Creation -- Oversight -- Dissolution.

(1)There is created the "Elected Official Post-Retirement Benefits Trust Fund."

(2)The Elected Official Post-Retirement Benefits Trust Fund consists of:

(a)appropriations made to the fund by the Legislature for the purpose of funding the post-retirement benefits in Section 49-20-404;

(b)revenues received by the state treasurer from the investment of the Elected Official Post-Retirement Benefits Trust Fund; and

(c)other revenues received from other sources

(3)The Division of Finance shall account for the receipt and expenditures of money in the Elected Official Post-Retirement Benefits Trust Fund

(4)(a)Except as provided in Subsection (4)(c), the state treasurer shall invest the Elected Official Post-Retirement Benefits Trust Fund money by following the same procedures and requirements for the investment of the State Post-Retirement Benefits Trust Fund in Part 3, Trust Fund Investments

(b)(i)The Elected Official Post-Retirement Benefits Trust Fund shall earn interest(ii)The state treasurer shall deposit all interest or other income earned from investment of the Elected Official Post-Retirement Benefits Trust Fund back into the Elected Official Post-Retirement Benefits Trust Fund

(c)The Elected Official Post-Retirement Benefits Trust Fund is exempt from Title 51, Chapter 7, State Money Management Act

(5)The board of trustees created in Section 67-19d-202 may expend money from the Elected Official Post-Retirement Benefits Trust Fund for:

(a)the employer portion of the cost of the program established in Section [~~49-20-404~~]67-19d-201.6; and

(b)reasonable administrative costs that the board of trustees incurs in performing its duties as trustees of the Elected Official Post-Retirement Benefits Trust Fund

(6)The board of trustees shall ensure that:

(a)money deposited into the Elected Official Post-Retirement Benefits Trust Fund is irrevocable and is expended only for the employer portion of the costs of post-retirement benefits under Section 49-20-404; and

(b)creditors of the board of trustees and of employers liable for the post-retirement benefits may not seize, attach, or otherwise obtain assets of the Elected Official Post-Retirement Benefits Trust Fund

(7)When all of the liabilities for which the Elected Official Post-Retirement Benefits Trust Fund was created are paid, the Division of Finance shall transfer any assets remaining in the Elected Official Post-Retirement Benefits Trust Fund into the appropriate fund.

Section 64. Effective 01/01/28

49-20-404. Governors' and legislative paid-up group health coverage benefit -- Limitations -- Medicare supplemental coverage -- Spouse coverage-- Limitations.

(1)(a)Except as provided under Subsection (1)(b), the state shall pay the percentage of the cost of providing paid-up group health coverage under Subsection (3) for members and their surviving spouses covered under Chapter 19, Utah Governors' and Legislators' Retirement Act, or governors and legislators, as defined in Section 49-19-102, and their surviving spouses covered under Chapter 22, New Public Employees' Tier II Contributory Retirement Act, who: (i)retire after January 1, 1998;(ii)are at least 62 but less than 65 years of age;(iii)elect to receive and apply for this benefit to the program; and(iv)are active members at the time of retirement or have continued coverage with the program until the date of eligibility for the benefit under this Subsection (1)

(b)A governor or a legislator who begins service as a governor or legislator on or after January 1, 2012, and a surviving spouse of the governor or the legislator who begins service as a governor or legislator on or after January 1, 2012, is not eligible for the benefit provided under this Subsection (1).

(2)The state shall pay the percentage of the cost of providing Medicare supplemental coverage under Subsection (3) for members and their surviving spouses covered under Chapter 19, Utah Governors' and Legislators' Retirement Act who:

(a)began service as a governor or legislator before July 1, 2013;

(b)retire after January 1, 1998;

(c)are at least 65 years of age; and

(d)elect to receive and apply for this benefit to the program

(3)The following percentages apply to the benefit described in Subsections (1)(a) and (2):

(a)100% if the member has accrued 10 or more years of service credit;

(b)80% if the member has accrued 8 or more years of service credit;

(c)60% if the member has accrued 6 or more years of service credit; and

(d)40% if the member has accrued 4 or more years of service credit.

Section 65. Section **67-20-2** is amended to read:Effective 01/01/28

67-20-2. Definitions.

As used in this chapter:

(1)"Agency" means:(a)a department, institution, office, college, university, authority, division, board, bureau, commission, council, or other agency of the state;

(b)a county, city, town, school district, or special improvement or taxing district; or

(c)any other political subdivision

(2)"Compensatory service worker" means a person who performs a public service with or without compensation for an agency as a condition or part of the person's:(a)incarceration;(b)plea;(c)sentence;(d)diversion;(e)probation; or(f)parole

(3) "Emergency medical service volunteer" means an individual who:

(a) provides services as a volunteer under the supervision of a supervising agency or government officer; and

(b) at the time the individual provides the services described in Subsection (3)(a), is: (i) an emergency medical technician volunteer, a paramedic volunteer, an ambulance volunteer, a volunteer firefighter, or another volunteer provider of emergency medical services; and (ii) acting in the capacity of a volunteer described in Subsection (3)(b)(i)

(4) "FLSA aggregate amount" means, except as otherwise required by the United States Department of Labor, the aggregate amount of nominal fees that a supervising agency may pay a volunteer, generally not exceeding 20% of the total compensation that the supervising agency would pay a full-time employee providing the same services as the volunteer

(5) "IRS aggregate amount" means the fixed or determinable income aggregate amount described in 26 C.F.R. Sec. 1.6041-1(a)(1)(i)(A)

(6) "Nominal fee" means a fee described in 29 C.F.R. Sec. 553.106(e)

(7) "Reasonable benefits" includes, in accordance with 29 C.F.R. Sec. 553.106, liability insurance, health insurance, life insurance, disability insurance, workers' compensation, a pension plan, a length of service award, personal property tax relief, and utility bill discounts or credits

(8)(a) "Volunteer" means an individual who donates service without pay or other compensation except the following, as approved by the supervising agency: (i) expenses actually and reasonably incurred; (ii) a stipend for future higher education expenses, awarded from the National Service Trust under 45 C.F.R. Secs. 2526.10 and 2527.10; (iii) costs for attending classes, conferences, or association meetings related to services provided by a volunteer, including: (A) tuition; (B) costs for books, supplies, or other training materials; and (C) travel, housing, and meals, in accordance with travel policies of the supervising agency; (iv) a nominal fee below the FLSA aggregate amount for a volunteer described in 29 C.F.R. Sec. 553.106, or a stipend below the IRS aggregate amount for all other volunteers, for: (A) emergency volunteers, including emergency medical service volunteers, volunteer safety officers, and volunteer search and rescue team members; or (B) non-emergency volunteers, including senior program volunteers and community event volunteers; (v) as it relates to a volunteer described in 29 C.F.R. Sec. 553.106, reasonable benefits; (vi) ~~[(A)] health benefits provided through the supervising agency; [or] [(B) for a volunteer who participates in the Volunteer Emergency Medical Service Personnel Health Insurance Program described in Section 53-2d-703, health insurance provided through the program;~~ (vii) passthrough stipends or other compensation provided to volunteers through a federal or state program, including Americorp Seniors volunteers, consistent with 42 U.S.C. Sec. 5058; (viii) stipends or other compensation, below the IRS aggregate amount, provided to volunteers from any person; (ix) uniforms, identification, personal protective equipment, or safety equipment used by a volunteer only while volunteering for the supervising agency; (x) a non-pecuniary item not exceeding \$50 in value; (xi) non-pecuniary items, below the IRS aggregate amount, donated to the supervising agency with the express intent of benefitting a volunteer; (xii) gifts, not exceeding \$50 in value, provided as part of a volunteers appreciation event by the supervising agency; or (xiii) meals, not exceeding a value of \$50 per person based on anticipated attendance, provided to a volunteer by the supervising agency: (A) as part of a volunteer appreciation event; or (B) while the volunteer is engaged in providing volunteer service

(b) "Volunteer" does not include: (i) a person participating in human subjects research to the extent that the participation is governed by federal law or regulation inconsistent with this chapter; or (ii) a compensatory service worker

(c) "Volunteer" includes a juror or potential juror appearing in response to a summons for a trial jury or grand jury

(9) "Volunteer facilitator" means a business or nonprofit organization that, from individuals who have a relationship with the business or nonprofit organization, such as membership or employment, provides volunteers to an agency or facilitates volunteers volunteering with an agency

(10) "Volunteer safety officer" means an individual who: (a) provides services as a volunteer under the supervision of an agency; and

(b) at the time the individual provides the services to the supervising agency described in Subsection (10)(a), the individual is: (i) exercising peace officer authority as provided in Section 53-13-102; or (ii) if the supervising agency described in Subsection (10)(a) is a fire department: (A) on the rolls

of the supervising agency as a firefighter;(B)not regularly employed as a firefighter by the supervising agency; and (C)acting in a capacity that includes the responsibility for the extinguishment of fire

(11)“Volunteer search and rescue team member” means an individual who:

(a)provides services as a volunteer under the supervision of a county sheriff; and

(b)at the time the individual provides the services to the county sheriff described in Subsection (11)(a), is:(i)certified as a member of the county sheriff’s search and rescue team; and (ii)acting in the capacity of a member of the search and rescue team of the supervising county sheriff.

Utah Code Sections Affected:

AMENDS:

17-50-319, as as last amended by Laws of Utah 2023, Chapter 497

26B-2-201, as as last amended by Laws of Utah 2024, Chapters 113, 240

26B-2-206, as as last amended by Laws of Utah 2024, Chapter 313

26B-3-908, as as renumbered and amended by Laws of Utah 2023, Chapter 306

31A-22-605.5, as as last amended by Laws of Utah 2012, Chapter 127

31A-22-635, as as last amended by Laws of Utah 2017, Chapter 292

31A-22-647, as as enacted by Laws of Utah 2018, Chapter 181

31A-22-654, as as last amended by Laws of Utah 2021, Chapter 252

49-21-105, as as last amended by Laws of Utah 2013, Chapter 66

53-17-201, as as last amended by Laws of Utah 2017, Chapter 269

58-1-112, as as last amended by Laws of Utah 2023, Chapter 328

58-17b-802, as as last amended by Laws of Utah 2016, Chapter 159

58-37-6.5, as as last amended by Laws of Utah 2023, Chapter 329

63A-17-804, as as renumbered and amended by Laws of Utah 2021, Chapter 344

63C-31-102, as as enacted by Laws of Utah 2023, Chapter 489

63G-2-103, as as last amended by Laws of Utah 2024, Chapters 18, 465, 509, and 522

63I-1-226, as as last amended by Laws of Utah 2024, Third Special Session, Chapter 5
63I-1-253, as as last amended by Laws of Utah 2024, Third Special Session, Chapter 5
63I-2-249, as as last amended by Laws of Utah 2024, Chapter 385
63J-1-602.2, as as last amended by Laws of Utah 2024, Chapters 241, 285, 425, and 467
63J-7-102, as as last amended by Laws of Utah 2023, Chapters 330, 502
64-13-30, as as last amended by Laws of Utah 2016, Chapter 243
67-19d-201.5, as as enacted by Laws of Utah 2012, Chapter 376
67-20-2, as as last amended by Laws of Utah 2023, Chapters 25, 310 and 330

ENACTS:

26B-3-104.1, as Utah Code Annotated 1953
26C-1-101, as Utah Code Annotated 1953
26C-1-102, as Utah Code Annotated 1953
26C-1-103, as Utah Code Annotated 1953
26C-1-104, as Utah Code Annotated 1953
26C-2-101, as Utah Code Annotated 1953
26C-2-102, as Utah Code Annotated 1953
26C-2-103, as Utah Code Annotated 1953
26C-2-104, as Utah Code Annotated 1953
26C-3-101, as Utah Code Annotated 1953
26C-3-102, as Utah Code Annotated 1953
26C-4-101, as Utah Code Annotated 1953
26C-4-102, as Utah Code Annotated 1953
26C-5-101, as Utah Code Annotated 1953
26C-6-101, as Utah Code Annotated 1953
26C-6-102, as Utah Code Annotated 1953
31A-22-662, as Utah Code Annotated 1953

59-33-101, as Utah Code Annotated 1953
59-33-102, as Utah Code Annotated 1953
59-33-103, as Utah Code Annotated 1953
59-33-104, as Utah Code Annotated 1953
59-33-105, as Utah Code Annotated 1953
59-33-106, as Utah Code Annotated 1953
59-33-107, as Utah Code Annotated 1953
59-33-108, as Utah Code Annotated 1953
59-33-109, as Utah Code Annotated 1953