Health and Human Services Amendments

2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Cheryl K. Acton

Senate Sponsor: LONG TITLE General Description: This bill amends provisions related to the Department of Health and Human Services.

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- defines terms;
- 9 repeals outdated language;
- 10 ▶ updates code references;

Highlighted Provisions:

- provides that the Department of Health and Human Services (department) may examine and audit the expenditures of public funds provided to a local health department;
- 13 addresses the required qualifications for the department's executive director and deputy 14 directors:
 - updates the name of a division and an office within the department;
- provides that the executive director of the department may create committees within the department, subject to certain conditions and requirements;
- authorizes the department to access certain records of individuals licensed or certified by
 the Division of Professional Licensing for specific purposes;
 - adds additional items to the list of duties of the department;
- updates language to be consistent with the transfer of certain emergency medical services
 responsibilities from the department to the Department of Public Safety;
- 23 ► addresses the administration of stock albuterol by a qualified adult;
- ▶ updates references from "targeted case management" to "case managers";
- provides that the Division of Services for People with Disabilities must determine the most appropriate, least restrictive setting for an individual with an intellectual disability
- within the division's system;
 - amends provisions regarding fetal death certificates and certificates of early term stillbirth;
- 29 updates code references to reflect the current name of the Office of Substance Use and
- 30 Mental Health within the department;

31 requires the Office of Recovery Services to review child support guidelines and submit a 32 summary of the review to the Judiciary Interim Committee; and 33 makes technical and conforming changes. 34 Money Appropriated in this Bill: 35 None 36 **Other Special Clauses:** 37 None 38 **Utah Code Sections Affected:** 39 AMENDS: 40 **26B-1-201**, as last amended by Laws of Utah 2022, Chapter 255 41 26B-1-202, as last amended by Laws of Utah 2024, Chapter 506 42 **26B-1-203**, as renumbered and amended by Laws of Utah 2022, Chapter 255 43 **26B-1-204**, as last amended by Laws of Utah 2024, Chapters 240, 404 and 506 44 **26B-1-211**, as renumbered and amended by Laws of Utah 2022, Chapter 255 45 **26B-1-213**, as renumbered and amended by Laws of Utah 2022, Chapter 255 46 26B-1-216, as last amended by Laws of Utah 2024, Chapter 106 47 **26B-1-219**, as last amended by Laws of Utah 2024, Chapter 178 48 **26B-1-235**, as renumbered and amended by Laws of Utah 2023, Chapter 305 49 **26B-1-334**, as enacted by Laws of Utah 2023, Chapter 325 50 **26B-3-804**, as renumbered and amended by Laws of Utah 2023, Chapter 306 51 26B-4-301, as last amended by Laws of Utah 2024, Chapter 261 52 **26B-4-406**, as renumbered and amended by Laws of Utah 2023, Chapter 307 53 26B-4-409, as last amended by Laws of Utah 2024, Chapter 311 54 26B-4-501, as last amended by Laws of Utah 2024, Chapter 257 55 **26B-5-101**, as last amended by Laws of Utah 2024, Chapters 240, 420 56 **26B-5-102**, as last amended by Laws of Utah 2024, Chapters 250, 420 57 **26B-5-315**, as renumbered and amended by Laws of Utah 2023, Chapter 308 58 **26B-5-319**, as renumbered and amended by Laws of Utah 2023, Chapter 308 59 **26B-5-331**, as last amended by Laws of Utah 2024, Chapter 299 60 **26B-5-609**, as last amended by Laws of Utah 2024, Third Special Session, Chapter 5 61 **26B-6-210**, as last amended by Laws of Utah 2024, Chapter 147 62 **26B-6-602**, as renumbered and amended by Laws of Utah 2023, Chapter 308 63 **26B-7-301**, as last amended by Laws of Utah 2024, Chapters 152, 283 64 **26B-8-115**, as last amended by Laws of Utah 2024, Chapters 113, 295

65	26B-8-118, as last amended by Laws of Utah 2024, Chapter 113
66	26B-9-104, as last amended by Laws of Utah 2024, Chapter 366
67	53-22-102, as last amended by Laws of Utah 2024, Chapter 21
68	53-22-104.2, as enacted by Laws of Utah 2024, Chapter 21
69	53-22-105, as enacted by Laws of Utah 2024, Chapter 21
70	53G-8-701.6, as enacted by Laws of Utah 2024, Chapter 21
71	80-2-709, as renumbered and amended by Laws of Utah 2022, Chapter 334
72	REPEALS:
73	26B-7-102, as renumbered and amended by Laws of Utah 2023, Chapter 308
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75	Be it enacted by the Legislature of the state of Utah:
76	Section 1. Section 26B-1-201 is amended to read:
77	26B-1-201 . Department of Health and Human Services Creation Duties.
78	(1) There is created within state government the Department of Health and Human
79	Services, which has all of the policymaking functions, regulatory and enforcement
80	powers, rights, duties, and responsibilities outlined in this title and previously vested in
81	the Department of Health and the Department of Human Services.
82	(2) Subject to the limitation and grants of authority in state law, the department shall serve
83	as the health, health planning, medical assistance, and social services authority of the
84	state, and for administration of federally assisted state programs or plans is designated as
85	the sole state agency for:
86	(a) social service block grants;
87	(b) alcohol, drug, and mental health programs, including block grants;
88	(c) child welfare;
89	(d) state programs supported under the Older Americans Act, 42 U.S.C. Sec. 3001, et
90	seq.;
91	(e) public health;
92	(f) health planning;
93	(g) maternal and child health;
94	(h) services for individuals with a disability; and
95	(i) medical assistance.
96	(3) A state plan or program administered by the department:

(a) shall be developed in the appropriate divisions or offices of the department in

accordance with applicable requirements of state and federal law; and

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99	(b) may be amended by the executive director to achieve coordination, efficiency, or
100	economy.
101	[(4) In addition to Subsection (1), from July 1, 2022, through June 30, 2023, the
102	Department of Health and Human Services shall exercise the policymaking functions,
103	regulatory and enforcement powers, rights, duties, and responsibilities of the
104	Department of Health and the Department of Human Services under:]
105	[(a) Title 26, Utah Health Code; and]
106	[(b) Title 62A, Utah Human Services Code.]
107	Section 2. Section 26B-1-202 is amended to read:
108	26B-1-202 . Department authority and duties.
109	(1) As used in this section, "public funds" means the sames as that term is defined in
110	Section 26B-5-101.
111	(2) The department may, subject to applicable restrictions in state law and in addition
112	to all other authority and responsibility granted to the department by law:
113	[(1)] (a) adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative
114	Rulemaking Act, and not inconsistent with law, as the department may consider
115	necessary or desirable for providing health and social services to the people of this
116	state;
117	[(2)] (b) establish and manage client trust accounts in the department's institutions and
118	community programs, at the request of the client or the client's legal guardian or
119	representative, or in accordance with federal law;
120	[(3)] (c) purchase, as authorized or required by law, services that the department is
121	responsible to provide for legally eligible persons;
122	[(4)] (d) conduct adjudicative proceedings for clients and providers in accordance with
123	the procedures of Title 63G, Chapter 4, Administrative Procedures Act;
124	[(5)] (e) establish eligibility standards for the department's programs, not inconsistent
125	with state or federal law or regulations;
126	[(6)] (f) take necessary steps, including legal action, to recover money or the monetary
127	value of services provided to a recipient who was not eligible;
128	[(7)] (g) set and collect fees for the department's services;
129	[(8)] (h) license agencies, facilities, and programs, except as otherwise allowed,
130	prohibited, or limited by law;
131	[(9)] (i) acquire, manage, and dispose of any real or personal property needed or owned
132	by the department, not inconsistent with state law;

133	[(10)] (j) receive gifts, grants, devises, and donations; gifts, grants, devises, donations, or
134	the proceeds thereof, may be credited to the program designated by the donor, and
135	may be used for the purposes requested by the donor, as long as the request conforms
136	to state and federal policy; all donated funds shall be considered private, nonlapsing
137	funds and may be invested under guidelines established by the state treasurer;
138	[(11)] (k) accept and employ volunteer labor or services; the department is authorized to
139	reimburse volunteers for necessary expenses, when the department considers that
140	reimbursement to be appropriate;
141	[(12)] (1) carry out the responsibility assigned in the workforce services plan by the State
142	Workforce Development Board;
143	[(13)] (m) carry out the responsibility assigned by Section 26B-1-430 with respect to
144	coordination of services for students with a disability;
145	[(14)] (n) provide training and educational opportunities for the department's staff;
146	[(15)] (o) collect child support payments and any other money due to the department;
147	[(16)] (p) apply the provisions of Title 81, Chapter 6, Child Support, to parents whose
148	child lives out of the home in a department licensed or certified setting;
149	[(17)] (q) establish policy and procedures, within appropriations authorized by the
150	Legislature, in cases where the Division of Child and Family Services or the Division
151	of Juvenile Justice and Youth Services is given custody of a minor by the juvenile
152	court under Title 80, Utah Juvenile Code, or the department is ordered to prepare an
153	attainment plan for a minor found not competent to proceed under Section 80-6-403,
154	including:
155	[(a)] (i) designation of interagency teams for each juvenile court district in the state;
156	[(b)] (ii) delineation of assessment criteria and procedures;
157	[(e)] (iii) minimum requirements, and timeframes, for the development and
158	implementation of a collaborative service plan for each minor placed in
159	department custody; and
160	[(d)] (iv) provisions for submittal of the plan and periodic progress reports to the court;
161	[(18)] (r) carry out the responsibilities assigned to the department by statute;
162	[(19)] (s) as further provided in Subsection (3), examine and audit the expenditures of
163	any public funds provided to a local health department, a local substance abuse
164	authority, a local mental health authority, a local area agency on aging, and any
165	person, agency, or organization that contracts with or receives funds from those
166	authorities or agencies[. Those local authorities, area agencies, and any person or

167 entity that contracts with or receives funds from those authorities or area agencies, shall provide the department with any information the department considers 168 169 necessary. The department is further authorized to issue directives resulting from any 170 examination or audit to a local authority, an area agency, and persons or entities that 171 contract with or receive funds from those authorities with regard to any public funds. 172 If the department determines that it is necessary to withhold funds from a local 173 mental health authority or local substance abuse authority based on failure to comply 174 with state or federal law, policy, or contract provisions, the department may take 175 steps necessary to ensure continuity of services. For purposes of this Subsection (19) 176 "public funds" means the same as that term is defined in Section 26B-5-101]; 177 [(20)] (t) in accordance with Subsection 26B-2-104(1)(d), accredit one or more agencies 178 and persons to provide intercountry adoption services; 179 [(21)] (u) within legislative appropriations, promote and develop a system of care and 180 stabilization services: 181 [(a)] (i) in compliance with Title 63G, Chapter 6a, Utah Procurement Code; and 182 [(b)] (ii) that encompasses the department, department contractors, and the divisions, 183 offices, or institutions within the department, to: 184 [(i)] (A) navigate services, funding resources, and relationships to the benefit of 185 the children and families whom the department serves; 186 [(ii)] (B) centralize department operations, including procurement and contracting; 187 [(iii)] (C) develop policies that govern business operations and that facilitate a 188 system of care approach to service delivery; 189 [(iv)] (D) allocate resources that may be used for the children and families served 190 by the department or the divisions, offices, or institutions within the 191 department, subject to the restrictions in Section 63J-1-206; 192 [(v)] (E) create performance-based measures for the provision of services; and 193 [(vi)] (F) centralize other business operations, including data matching and sharing 194 among the department's divisions, offices, and institutions; 195 [(22)] (v) ensure that any training or certification required of a public official or public 196 employee, as those terms are defined in Section 63G-22-102, complies with Title 197 63G, Chapter 22, State Training and Certification Requirements, if the training or 198 certification is required: 199 [(a)] (i) under this title; 200 [(b)] (ii) by the department; or

201	[(c)] (iii) by an agency or division within the department;
202	[(23)] (w) enter into cooperative agreements with the Department of Environmental
203	Quality to delineate specific responsibilities to assure that assessment and
204	management of risk to human health from the environment are properly administered
205	[(24)] (x) consult with the Department of Environmental Quality and enter into
206	cooperative agreements, as needed, to ensure efficient use of resources and effective
207	response to potential health and safety threats from the environment, and to prevent
208	gaps in protection from potential risks from the environment to specific individuals
209	or population groups;
210	[(25)] (y) to the extent authorized under state law or required by federal law, promote and
211	protect the health and wellness of the people within the state;
212	[(26)] (z) establish, maintain, and enforce rules authorized under state law or required by
213	federal law to promote and protect the public health or to prevent disease and illness;
214	[(27)] (aa) investigate the causes of epidemic, infectious, communicable, and other
215	diseases affecting the public health;
216	[(28)] (bb) provide for the detection and reporting of communicable, infectious, acute,
217	chronic, or any other disease or health hazard which the department considers to be
218	dangerous, important, or likely to affect the public health;
219	[(29)] (cc) collect and report information on causes of injury, sickness, death, and
220	disability and the risk factors that contribute to the causes of injury, sickness, death,
221	and disability within the state;
222	[(30)] (dd) collect, prepare, publish, and disseminate information to inform the public
223	concerning the health and wellness of the population, specific hazards, and risks that
224	may affect the health and wellness of the population and specific activities which
225	may promote and protect the health and wellness of the population;
226	[(31)] (ee) abate nuisances when necessary to eliminate sources of filth and infectious
227	and communicable diseases affecting the public health;
228	[(32)] (ff) make necessary sanitary and health investigations and inspections in
229	cooperation with local health departments as to any matters affecting the public
230	health;
231	[(33)] (gg) establish laboratory services necessary to support public health programs and
232	medical services in the state;
233	[(34)] (hh) establish and enforce standards for laboratory services which are provided by
234	any laboratory in the state when the purpose of the services is to protect the public

235	health;
236	[(35)] (ii) cooperate with the Labor Commission to conduct studies of occupational
237	health hazards and occupational diseases arising in and out of employment in
238	industry, and make recommendations for elimination or reduction of the hazards;
239	[(36)] (jj) cooperate with the local health departments, the Department of Corrections,
240	the Administrative Office of the Courts, the Division of Juvenile Justice and Youth
241	Services, and the Utah Office for Victims of Crime to conduct testing for HIV
242	infection of alleged sexual offenders, convicted sexual offenders, and any victims of
243	a sexual offense;
244	[(37)] (kk) investigate the causes of maternal and infant mortality;
245	[(38)] (11) establish, maintain, and enforce a procedure requiring the blood of adult
246	pedestrians and drivers of motor vehicles killed in highway accidents be examined
247	for the presence and concentration of alcohol, and provide the Commissioner of
248	Public Safety with monthly statistics reflecting the results of these examinations, with
249	necessary safeguards so that information derived from the examinations is not used
250	for a purpose other than the compilation of these statistics;
251	[(39)] (mm) establish qualifications for individuals permitted to draw blood under
252	Subsection 41-6a-523(1)(a)(vi), 53-10-405(2)(a)(vi), 72-10-502(5)(a)(vi), or
253	77-23-213(3)(a)(vi), and to issue permits to individuals the department finds
254	qualified, which permits may be terminated or revoked by the department;
255	[(40)] (nn) establish a uniform public health program throughout the state which includes
256	continuous service, employment of qualified employees, and a basic program of
257	disease control, vital and health statistics, sanitation, public health nursing, and other
258	preventive health programs necessary or desirable for the protection of public health;
259	[(41)] (oo) conduct health planning for the state;
260	[(42)] (pp) monitor the costs of health care in the state and foster price competition in the
261	health care delivery system;
262	[(43)] (qq) establish methods or measures for health care providers, public health entities,
263	and health care insurers to coordinate among themselves to verify the identity of the
264	individuals the providers serve;
265	[(44)] (<u>rr</u>) designate Alzheimer's disease and related dementia as a public health issue
266	and, within budgetary limitations, implement a state plan for Alzheimer's disease and
267	related dementia by incorporating the plan into the department's strategic planning
268	and budgetary process;

269	[(45)] (ss) coordinate with other state agencies and other organizations to implement the
270	state plan for Alzheimer's disease and related dementia;
271	[(46)] (tt) ensure that any training or certification required of a public official or public
272	employee, as those terms are defined in Section 63G-22-102, complies with Title
273	63G, Chapter 22, State Training and Certification Requirements, if the training or
274	certification is required by the agency or under this Title 26B, Utah Health and
275	Human Services Code;
276	[(47)] (uu) oversee public education vision screening as described in Section 53G-9-404;
277	[(48)] (vv) issue code blue alerts in accordance with Title 35A, Chapter 16, Part 7, Code
278	Blue Alert; and
279	[(49)] (ww) as allowed by state and federal law, share data with the Office of Families
280	that is relevant to the duties described in Subsection 26B-1-243(4), which may
281	include, to the extent available:
282	[(a)] (i) demographic data concerning family structures in the state; and
283	[(b)] (ii) data regarding the family structure associated with:
284	[(i)] (A) suicide, depression, or anxiety; and
285	[(ii)] (<u>B</u>) various health outcomes.
286	(3)(a) Under Subsection (2)(s), those local departments, local authorities, area agencies,
287	and any person or entity that contracts with or receives funds from those departments,
288	authorities, or area agencies, shall provide the department with any information the
289	department considers necessary.
290	(b) The department is further authorized to issue directives resulting from any
291	examination or audit to a local department, local authority, an area agency, and
292	persons or entities that contract with or receive funds from those departments,
293	authorities, or agencies with regard to any public funds.
294	(c) If the department determines that it is necessary to withhold funds from a local health
295	department, local mental health authority, or local substance abuse authority based on
296	failure to comply with state or federal law, policy, or contract provisions, the
297	department may take steps necessary to ensure continuity of services.
298	Section 3. Section 26B-1-203 is amended to read:
299	26B-1-203 . Executive director Appointment Compensation Qualifications
300	Deputy directors required Responsibilities.
301	(1)(a) The chief administrative officer of the department is the executive director, who
302	shall be appointed by the governor with the advice and consent of the Senate.

303		(b) The executive director may be removed at the will of the governor.
304		(c) The executive director shall receive a salary established by the governor within the
305		salary range fixed by the Legislature in Title 67, Chapter 22, State Officer
306		Compensation.
307	(2)	The executive director shall be experienced in administration, management, and
308		coordination of complex organizations.
309	(3)	[If the executive director is not a physician, the] The executive director or a deputy
310		director shall:
311		(a) be informed and experienced in public health;
312		(b) have successfully completed at least a master's degree of public health or public
313		administration from an accredited school of public health or from an accredited
314		program of public health or public administration; and
315		(c)(i) have at least five years of professional full-time experience, of which at least
316		two years have been in public health in a senior level administrative capacity; or
317		(ii) have at least five years of professional full-time experience in public health
318		programs, of which at least three years have been in a senior level administrative
319		capacity.
320	(4)	[The] If the executive director is not a physician, the executive director shall appoint a
321		deputy director of the department who[:]
322		[(a) shall have successfully completed at least one year's graduate work in an accredited
323		school of public health or an accredited program of public health;]
324		[(b) shall have at least five years of professional full-time experience in public health
325		programs; and]
326		[(e)] _is a physician licensed to practice medicine in the state with experience in public
327		health.
328	(5)	The executive director is responsible for:
329		(a) administration and supervision of the department;
330		(b) coordination of policies and program activities conducted through the boards,
331		divisions, and offices of the department;
332		(c) approval of the proposed budget of each board, division, and office within the
333		department; and
334		(d) other duties as the Legislature or governor shall assign to the executive director.
335	(6)	The executive director may appoint deputy or assistant directors to assist the executive
336		director in carrying out the department's responsibilities.

337	Section 4. Section 26B-1-204 is amended to read:
338	26B-1-204. Creation of boards, divisions, and offices Power to establish
339	committees.
340	(1) The executive director shall make rules in accordance with Title 63G, Chapter 3, Utah
341	Administrative Rulemaking Act, and not inconsistent with law for:
342	(a) the administration and government of the department;
343	(b) the conduct of the department's employees; and
344	(c) the custody, use, and preservation of the records, papers, books, documents, and
345	property of the department.
346	(2) The following policymaking boards, councils, and committees are created within the
347	Department of Health and Human Services:
348	(a) Board of Aging and Adult Services;
349	(b) Utah State Developmental Center Board;
350	(c) Health Facility Committee;
351	(d) Health Data Committee;
352	(e) Child Care Provider Licensing Committee;
353	(f) Adult Autism Treatment Program Advisory Committee;
354	(g) Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee; and
355	(h) any boards, councils, or committees that are created by statute in this title.
356	(3) The following divisions and offices are created within the Department of Health and
357	Human Services:
358	(a) relating to operations:
359	(i) the Division of Finance and Administration;
360	(ii) the Division of Licensing and Background Checks;
361	(iii) the Division of Customer Experience;
362	(iv) the Division of Data, Systems, and Evaluation; and
363	(v) the Division of Continuous Quality and Improvement;
364	(b) relating to healthcare administration:
365	(i) the Division of Integrated Healthcare, which shall include responsibility for:
366	(A) the state's medical assistance programs; and
367	(B) behavioral health programs described in Chapter 5, Health Care - Substance
368	Use and Mental Health;
369	(ii) the Division of Aging and Adult Services; and
370	(iii) the Division of Services for People with Disabilities:

371	(c) relating to community health and well-being:
372	(i) the Division of Child and Family Services;
373	(ii) the Division of Family Health;
374	(iii) the Division of Population Health;
375	(iv) the Division of Juvenile Justice and Youth Services;
376	(v) the Office of Families; and
377	(vi) the Office of Recovery Services; and
378	(d) relating to clinical services[, the Division of Health Access.] :
379	(i) the Division of Correctional Health Services; and
380	(ii) the Office of the Medical Examiner.
381	(4)(a) The executive director may:
382	(i) establish offices to facilitate management of the department as required by, and in
383	accordance with this title[-] ; or
384	(ii) establish one or more committees within the department if each established
385	committee is:
386	(A) essential to the operation of the department; and
387	(B) required to review or discuss protected health information or other similarly
388	sensitive materials to accomplish the committee's responsibilities.
389	(b) If the executive director creates a committee under Subsection (4)(a)(ii), within six
390	months after the executive director creates the committee, the executive director shall
391	notify the Health and Human Services Interim Committee, in writing, of:
392	(i) the creation of the committee;
393	(ii) the committee's responsibilities; and
394	(iii) the membership of the committee.
395	[(5) From July 1, 2022, through June 30, 2023, the executive director may adjust the
396	organizational structure relating to the department, including the organization of the
397	department's divisions and offices, notwithstanding the organizational structure
398	described in this title.]
399	Section 5. Section 26B-1-211 is amended to read:
400	26B-1-211 . Background checks for employees Access to abuse and neglect
401	information to screen employees and volunteers.
402	(1) As used in this section, "bureau" means the Bureau of Criminal Identification created in
403	Section 53-10-201.
404	(2) Beginning July 1, 2018, the department may require a fingerprint-based local, regional,

405		and national criminal history background check and ongoing monitoring of:
406		(a) all staff, contracted employees, and volunteers who:
407		(i) have access to protected health information or personal identifying information;
408		(ii) have direct access to patients, children, or vulnerable adults as defined in Section
409		26B-2-101;
410		(iii) work in areas of privacy and data security;
411		(iv) handle financial information, including receipt of funds, reviewing invoices,
412		making payments, and other types of financial information; and
413		(v) perform audit functions, whether internal or external, on behalf of the department
414		and
415		(b) job applicants who have been offered a position with the department and the job
416		requirements include those described in Subsection (2)(a).
417	(3)	Beginning July 1, 2022, for the purposes described in Subsection (2), the department
418		may also access:
419		(a) the department's Management Information System created in Section 80-2-1001;
420		(b) the department's Licensing Information System created in Section 80-2-1002;
421		(c) the statewide database of the Division of Aging and Adult Services created by
422		Section 26B-6-210;[-and]
423		(d) juvenile court records under Subsection 80-3-404(4)[-] ; and
424		(e) licensing and certification records of individuals licensed or certified by the Division
425		of Professional Licensing under Title 58, Occupations and Professions.
426	(4)	Each individual in a position listed in Subsection (2) shall provide a completed
427		fingerprint card to the department upon request.
428	(5)	The department shall require that an individual required to submit to a background
429		check under Subsection (4) provide a signed waiver on a form provided by the
430		department that meets the requirements of Subsection 53-10-108(4).
431	(6)	For a noncriminal justice background search and registration in accordance with
432		Subsection 53-10-108(13), the department shall submit to the bureau:
433		(a) the applicant's personal identifying information and fingerprints for a criminal
434		history search of applicable local, regional, and national databases; and
435		(b) a request for all information received as a result of the local, regional, and
436		nationwide background check.
437	(7)	The department is responsible for the payment of all fees required by Subsection
438		53-10-108(15) and any fees required to be submitted to the Federal Bureau of

439	Investigation by the bureau.
440	(8) The department may make rules in accordance with Title 63G, Chapter 3, Utah
441	Administrative Rulemaking Act, that:
442	(a) determine how the department will assess the employment status of an individual
443	upon receipt of background information;
444	(b) determine when an individual would be disqualified from holding a position based
445	on:
446	(i) the type of crimes and the severity of those crimes; or
447	(ii) one or more substantiated or supported findings of abuse, neglect, or exploitation;
448	and
449	(c) identify the appropriate privacy risk mitigation strategy to be used in accordance
450	with Subsection 53-10-108(13)(b).
451	Section 6. Section 26B-1-213 is amended to read:
452	26B-1-213. Department and committee rules and proceedings.
453	(1)(a) Except in areas [-]subject to concurrence between the department and a committee
454	created under this title[, Title 26, Utah Health Code, or Title 62A, Utah Human
455	Services Code], the department shall have the power to adopt, amend, or rescind
456	rules necessary to carry out the provisions of this title.
457	(b) If the adoption of rules under a provision of this title is subject to concurrence
458	between the department and a committee created under this title and no concurrence
459	can be reached, the department has final authority to adopt, amend, or rescind rules
460	necessary to carry out the provisions of this title.
461	(c) When the provisions of this title require concurrence between the department and a
462	committee created under this title:
463	(i) the department shall report to and update the committee on a regular basis related
464	to matters requiring concurrence; and
465	(ii) the committee shall review the report submitted by the department under this
466	Subsection (1)(c) and shall:
467	(A) concur with the report; or
468	(B) provide a reason for not concurring with the report and provide an alternative
469	recommendation to the department.
470	(2) Rules shall have the force and effect of law and may deal with matters which materially
471	affect the security of health or the preservation and improvement of public health in the
472	state, and any matters as to which jurisdiction is conferred upon the department by this

473	title.
474	(3) Every rule adopted by the department, or by the concurrence of the department and a
475	committee established under Section 26B-1-204, is subject to Title 63G, Chapter 3, Utah
476	Administrative Rulemaking Act, and is effective at the time and in the manner provided
477	in that act.
478	(4) If, at the next general session of the Legislature following the filing of a rule with the
479	legislative research director, the Legislature passes a bill disapproving such rule, the rule
480	shall be null and void.
481	(5) The department, or the department in concurrence with a committee created under
482	Section 26B-1-204, may not adopt a rule identical to a rule disapproved under
483	Subsection (4) of this section before the beginning of the next general session of the
484	Legislature following the general session at which the rule was disapproved.
485	(6) The department and all committees, boards, divisions, and offices created under this title
486	Title 26, Utah Health Code, or Title 62A, Utah Human Services Code,] shall comply
487	with the procedures and requirements of Title 63G, Chapter 4, Administrative
488	Procedures Act, in any adjudicative proceedings.
489	(7)(a) The department may hold hearings, administer oaths, subpoena witnesses, and
490	take testimony in matters relating to the exercise and performance of the powers and
491	duties vested in or imposed upon the department.
492	(b) The department may, at the department's sole discretion, contract with any other
493	agency or department of the state to conduct hearings in the name of the department.
494	Section 7. Section 26B-1-216 is amended to read:
495	26B-1-216. Powers and duties of the department Quality and design.
496	The department shall:
497	(1) monitor and evaluate the quality of services provided by the department including:
498	(a) in accordance with Part 5, Fatality Review, monitoring, reviewing, and making
499	recommendations relating to a fatality review;
500	(b) overseeing the duties of the child protection ombudsman appointed under Section
501	80-2-1104; and
502	(c) conducting internal evaluations of the quality of services provided by the department
503	and service providers contracted with the department;
504	(2) conduct investigations described in Section 80-2-703;
505	(3) develop an integrated human services system and implement a system of care by:
506	(a) designing and implementing a comprehensive continuum of services for individuals

507	who receive services from the department or a service provider contracted with the
508	department;
509	(b) establishing and maintaining department contracts with public and private service
510	providers;
511	(c) establishing standards for the use of service providers who contract with the
512	department;
513	(d) coordinating a service provider network to be used within the department to ensure
514	individuals receive the appropriate type of services;
515	(e) centralizing the department's administrative operations; and
516	(f) integrating, analyzing, and applying department-wide data and research to monitor
517	the quality, effectiveness, and outcomes of services provided by the department;[-and]
518	(4)(a) coordinate with the Driver License Division, the Department of Public Safety, and
519	any other law enforcement agency to test and provide results of blood or urine
520	samples submitted to the department as part of an investigation for a driving offense
521	that may have occurred and there is reason to believe the individual's blood or urine
522	may contain:
523	(i) alcohol; or
524	(ii) other drugs or substances that the department reasonably determines could impair
525	an individual or that is illegal for the individual to possess or consume; and
526	(b) ensure that the results of the test described in Subsection (4)(a) are provided through
527	a secure medium and in a timely manner[-];
528	(5) use available data to structure programs and activities to ensure populations have access
529	to health and wellness education, information, resources, and services;
530	(6) efficiently use funding and resources to promote health and safety; and
531	(7) include an understanding of the impacted populations and supporting data in staff
532	training.
533	Section 8. Section 26B-1-219 is amended to read:
534	26B-1-219 . Requirements for issuing, recommending, or facilitating rationing
535	criteria.
536	(1) As used in this section:
537	(a) "Health care resource" means:
538	(i) health care as defined in Section 78B-3-403;
539	(ii) a prescription drug as defined in Section 58-17b-102;
540	(iii) a prescription device as defined in Section 58-17b-102:

541	(iv) a nonprescription drug as defined in Section 58-17b-102; or
542	(v) any supply or treatment that is intended for use in the course of providing health
543	care as defined in Section 78B-3-403.
544	(b)(i) "Rationing criteria" means any requirement, guideline, process, or
545	recommendation regarding:
546	(A) the distribution of a scarce health care resource; or
547	(B) qualifications or criteria for a person to receive a scarce health care resource.
548	(ii) "Rationing criteria" includes crisis standards of care with respect to any health
549	care resource.
550	(c) "Scarce health care resource" means a health care resource:
551	(i) for which the need for the health care resource in the state or region significantly
552	exceeds the available supply of that health care resource in that state or region;
553	(ii) that, based on the circumstances described in Subsection (1)(c)(i), is distributed
554	or provided using written requirements, guidelines, processes, or
555	recommendations as a factor in the decision to distribute or provide the health care
556	resource; and
557	(iii) that the federal government has allocated to the state to distribute.
558	(2)(a) On or before July 1, 2022, the department shall make rules in accordance with
559	Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish a procedure
560	that the department will follow to adopt, modify, require, facilitate, or recommend
561	rationing criteria.
562	(b) Beginning July 1, 2022, the department may not adopt, modify, require, facilitate, or
563	recommend rationing criteria unless the department follows the procedure established
564	by the department under Subsection (2)(a).
565	(3) The procedures developed by the department under Subsection (2) shall include, at a
566	minimum:
567	(a) a requirement that the department notify the following individuals in writing before
568	rationing criteria are issued, are recommended, or take effect:
569	(i) the Rules Review and General Oversight Committee created in Section 36-35-102;
570	(ii) the governor or the governor's designee;
571	(iii) the president of the Senate or the president's designee;
572	(iv) the speaker of the House of Representatives or the speaker's designee;
573	(v) the executive director or the executive director's designee; and
574	(vi) if rationing criteria affect hospitals in the state, a representative of an association

575	representing hospitals throughout the state, as designated by the executive
576	director; and
577	(b) procedures for an emergency circumstance which shall include, at a minimum:
578	(i) a description of the circumstances under which emergency procedures described
579	in this Subsection (3)(b) may be used; and
580	(ii) a requirement that the department notify the individuals described in Subsections
581	(3)(a)(i) through (vi) as soon as practicable, but no later than 48 hours after the
582	rationing criteria take effect.
583	[(4)(a) Within 30 days after March 22, 2022, the department shall send to the Rules
584	Review and General Oversight Committee all rationing criteria that:]
585	[(i) were adopted, modified, required, facilitated, or recommended by the department
586	prior to March 22, 2022; and]
587	[(ii) on March 22, 2022, were in effect and in use to distribute or qualify a person to
588	receive scarce health care resources.]
589	[(b) During the 2022 interim, the Rules Review and General Oversight Committee shall,
590	under Subsection 36-35-102(3)(c), review each of the rationing criteria submitted by
591	the department under this Subsection (4).]
592	[(5)] (4) The requirements described in this section and rules made under this section shall
593	apply regardless of whether rationing criteria:
594	(a) have the force and effect of law, or is solely advisory, informative, or descriptive;
595	(b) are carried out or implemented directly or indirectly by the department or by other
596	individuals or entities; or
597	(c) are developed solely by the department or in collaboration with other individuals or
598	entities.
599	[(6)] (5) This section:
600	(a) may not be suspended under Section 53-2a-209 or any other provision of state law
601	relating to a state of emergency;
602	(b) does not limit a private entity from developing or implementing rationing criteria; and
603	(c) does not require the department to adopt, modify, require, facilitate, or recommend
604	rationing criteria that the department does not determine to be necessary or
605	appropriate.
606	[(7)] <u>(6)</u> Subsection (2) does not apply to rationing criteria that are adopted, modified,
607	required, facilitated, or recommended by the department:
608	(a) through the regular, non-emergency rulemaking procedure described in Section

609	63G-3-301;
610	(b) if the modification is solely to correct a technical error in rationing criteria such as
611	correcting obvious errors and inconsistencies including those involving punctuation,
612	capitalization, cross references, numbering, and wording;
613	(c) to the extent that compliance with this section would result in a direct violation of
614	federal law;
615	(d) that are necessary for administration of the Medicaid program;
616	(e) if state law explicitly authorizes the department to engage in rulemaking to establish
617	rationing criteria; or
618	(f) if rationing criteria are authorized directly through a general appropriation bill that is
619	validly enacted.
620	Section 9. Section 26B-1-235 is amended to read:
621	26B-1-235. Request for proposal required for non-state supplied services.
622	[(1) As used in this section:]
623	[(a) "AED" means the same as that term is defined in Section 26B-4-325.]
624	[(b) "Office" means the Office of Emergency Medical Services and Preparedness within
625	the department.]
626	[(e) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-325.]
627	[(2)] (1) Funds provided to the department through Sections 51-9-201 and 59-14-204 to be
628	used to provide services, shall be awarded to non-governmental entities based on a
629	competitive process consistent with Title 63G, Chapter 6a, Utah Procurement Code.
630	[(3)] (2) Beginning July 1, 2010, and not more than every five years thereafter, the
631	department shall issue requests for proposals for new or renewing contracts to award
632	funding for programs under Subsection (1).
633	Section 10. Section 26B-1-334 is amended to read:
634	26B-1-334 . Licensed Provider Assessment Fund Creation Deposits Uses.
635	(1) There is created an expendable special revenue fund known as the "Licensed Provider
636	Assessment Fund" consisting of:
637	(a) the assessments collected under, and any interest and penalties levied with the
638	administration of:
639	(i) [Title 26B, Chapter 2, Part 2, Health Care Facility Licensing and Inspection Act]
640	Chapter 2, Part 2, Health Care Facility Licensing and Inspection;
641	(ii) [Title 26B, Chapter 1, Part 4, Child Care Licensing] Chapter 2, Part 1, Human
642	Services Programs and Facilities: and

643	(iii) [Title 26B, Chapter 2, Part 1, Human Services Programs and Facilities] Chapter
644	2, Part 4, Child Care Licensing;
645	(b) money appropriated or otherwise made available by the Legislature; and
646	(c) any interest earned on the fund.
647	(2) Money in the fund may only be used by the department:
648	(a) for upgrades to and maintenance of licensing databases and applications;
649	(b) for training for providers and staff;
650	(c) to assist individuals during a facility shutdown; or
651	(d) for administrative expenses, if the administrative expenses for the fiscal year do not
652	exceed 3% of the money deposited into the fund during the fiscal year.
653	Section 11. Section 26B-3-804 is amended to read:
654	26B-3-804. Medicaid ambulance service provider adjustment under
655	fee-for-service rates.
656	The division shall, if the assessment imposed by this part is approved by the Centers for
657	Medicare and Medicaid Services, for fee-for-service rates effective on or after July 1, 2015,
658	reimburse an ambulance service provider in an amount up to the Emergency Medical Service
659	Ambulance Rates adopted annually by the [department] Department of Public Safety.
660	Section 12. Section 26B-4-301 is amended to read:
661	26B-4-301 . Definitions.
662	As used in this part:
663	(1) "Committee" means the Primary Care Grant Committee described in Section 26B-1-410.
664	(2) "Community based organization":
665	(a) means a private entity; and
666	(b) includes for profit and not for profit entities.
667	(3) "Cultural competence" means a set of congruent behaviors, attitudes, and policies that
668	come together in a system, agency, or profession and enables that system, agency, or
669	profession to work effectively in cross-cultural situations.
670	[(4) "Emergency medical dispatch center" means a public safety answering point, as
671	defined in Section 63H-7a-103, that is designated as an emergency medical dispatch
672	center by the office.]
673	[(5)] (4) "Health literacy" means the degree to which an individual has the capacity to
674	obtain, process, and understand health information and services needed to make
675	appropriate health decisions.
676	[(6)] (5) "Institutional capacity" means the ability of a community based organization to

677 implement public and private contracts. [(7)] (6) "Medically underserved population" means the population of an urban or rural area 678 679 or a population group that the committee determines has a shortage of primary health 680 care. 681 [(8) "Office" means the Office of Emergency Medical Services and Preparedness within the 682 department.] 683 [(9)] (7) "Pregnancy support services" means services that: 684 (a) encourage childbirth instead of voluntary termination of pregnancy; and 685 (b) assist pregnant women, or women who may become pregnant, to choose childbirth 686 whether they intend to parent or select adoption for the child. 687 [(10)] (8) "Primary care grant" means a grant awarded by the department under Subsection 688 26B-4-310(1). [(11)] (9)(a) "Primary health care" means: 689 690 (i) basic and general health care services given when a person seeks assistance to 691 screen for or to prevent illness and disease, or for simple and common illnesses 692 and injuries; and 693 (ii) care given for the management of chronic diseases. 694 (b) "Primary health care" includes: 695 (i) services of physicians, nurses, physician's assistants, and dentists licensed to 696 practice in this state under Title 58, Occupations and Professions; 697 (ii) diagnostic and radiologic services; 698 (iii) preventive health services including perinatal services, well-child services, and 699 other services that seek to prevent disease or its consequences; 700 (iv) emergency medical services; 701 (v) preventive dental services; and 702 (vi) pharmaceutical services. 703 Section 13. Section **26B-4-406** is amended to read: 704 26B-4-406. Voluntary participation. 705 (1) Sections 26B-4-406 through 26B-4-411 do not create a duty or standard of care for: 706 (a) a person to be trained in the use and storage of epinephrine auto-injectors or stock 707 albuterol; or 708 (b) except as provided in Subsection (5), a qualified epinephrine auto-injector entity to 709 store epinephrine auto-injectors or a qualified stock albuterol entity to store stock 710

albuterol on its premises.

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

741

- 743 (b) A qualified adult may administer stock albuterol to a student who:
- 744 (i) has a diagnosis of asthma by a health care provider;

745	(ii) has a current asthma action plan on file with the school; and
746	(iii) is showing symptoms of an asthma emergency as described in the student's
747	asthma action plan.
748	(c) If a student does not have a current asthma action plan on file with the school, a
749	qualified adult may administer stock albuterol to the student if the qualified adult
750	reasonably believes, consistent with the training received under Section 26B-4-408,
751	the child is experiencing an asthma emergency.
752	[(e)] (d) This Subsection (6) may not be interpreted to relieve a student's parent or
753	guardian of providing a student's medication or create an expectation that a school
754	will have stock albuterol available.
755	(7) No school, school board, or school official shall retaliate or otherwise take adverse
756	action against a teacher or other school employee for:
757	(a) volunteering under Subsection (2);
758	(b) engaging in conduct described in Subsection (3); or
759	(c) failing or refusing to become a qualified adult.
760	Section 14. Section 26B-4-409 is amended to read:
761	26B-4-409. Authority to obtain and use an epinephrine auto-injector or stock
762	albuterol.
763	(1) The school district physician, a department health care provider, the medical director of
764	the local health department, or the local emergency medical services director may
765	provide a prescription for the following if requested by a qualified adult, who is a
766	teacher or other school employee at a public or private primary or secondary school in
767	the state, or a school nurse:
768	(a) epinephrine auto-injectors for use in accordance with this part; or
769	(b) stock albuterol for use in accordance with this part.
770	(2)(a) A qualified adult may obtain an epinephrine auto-injector for use in accordance
771	with this part that is dispensed by:
772	(i) a pharmacist as provided under Section 58-17b-1004; or
773	(ii) a pharmacy intern as provided under Section 58-17b-1004.
774	(b) A qualified adult may obtain stock albuterol for use in accordance with this part that
775	is dispensed by:
776	(i) a pharmacist as provided under Section 58-17b-1004; or
777	(ii) a pharmacy intern as provided under Section 58-17b-1004.
778	(3) A qualified adult:

779	(a) may immediately administer an epinephrine auto-injector to a person exhibiting
780	potentially life-threatening symptoms of anaphylaxis when a physician or physician
781	assistant is not immediately available; and
782	(b) shall initiate emergency medical services or other appropriate medical follow-up in
783	accordance with the training materials retained under Section 26B-4-407 after
784	administering an epinephrine auto-injector.
785	(4)(a) If a school nurse is not immediately available, a qualified adult:
786	[(a)] (i) may immediately administer stock albuterol to an individual who:
787	[(i)] (A) has a diagnosis of asthma by a health care provider;
788	[(ii)] (B) has a current asthma action plan on file with the school; and
789	[(iii)] (C) is showing symptoms of an asthma emergency as described in the
790	student's asthma action plan; and
791	[(b)] (ii) shall initiate appropriate medical follow-up in accordance with the training
792	materials retained under Section 26B-4-408 after administering stock albuterol.
793	(b) If a school nurse is not immediately available and an individual does not have a
794	current asthma action plan on file with the school, a qualified adult:
795	(i) may administer stock albuterol to the individual if the qualified adult reasonably
796	believes, consistent with the training received under Section 26B-4-408, the
797	individual is experiencing an asthma emergency; and
798	(ii) shall initiate appropriate medical follow-up in accordance with the training
799	materials retained under Section 26B-4-408 after administering stock albuterol.
800	(5)(a) A qualified entity that complies with Subsection (5)(b) or (c), may obtain a supply
801	of epinephrine auto-injectors or stock albuterol, respectively, from a pharmacist
802	under Section 58-17b-1004, or a pharmacy intern under Section 58-17b-1004 for:
803	(i) storing:
804	(A) the epinephrine auto-injectors on the qualified epinephrine auto-injector
805	entity's premises; and
806	(B) stock albuterol on the qualified stock albuterol entity's premises; and
807	(ii) use by a qualified adult in accordance with Subsection (3) or (4).
808	(b) A qualified epinephrine auto-injector entity shall:
809	(i) designate an individual to complete an initial and annual refresher training
810	program regarding the proper storage and emergency use of an epinephrine
811	auto-injector available to a qualified adult; and
812	(ii) store epinephrine auto-injectors in accordance with the standards established by

813	the department in Section 26B-4-411.
814	(c) A qualified stock albuterol entity shall:
815	(i) designate an individual to complete an initial and annual refresher training
816	program regarding the proper storage and emergency use of stock albuterol
817	available to a qualified adult; and
818	(ii) store stock albuterol in accordance with the standards established by the
819	department in Section 26B-4-411.
820	Section 15. Section 26B-4-501 is amended to read:
821	26B-4-501 . Definitions.
822	As used in this part:
823	(1) "Controlled substance" means the same as that term is defined in Title 58, Chapter 37,
824	Utah Controlled Substances Act.
825	(2) "Critical access hospital" means a critical access hospital that meets the criteria of 42
826	U.S.C. Sec. 1395i-4(c)(2)[-(1998)].
827	(3) "Designated facility" means:
828	(a) a freestanding urgent care center;
829	(b) a general acute hospital; or
830	(c) a critical access hospital.
831	(4) "Dispense" means the same as that term is defined in Section 58-17b-102.
832	(5) "Division" means the Division of Professional Licensing created in Section 58-1-103.
833	(6) "Emergency contraception" means the use of a substance, approved by the United States
834	Food and Drug Administration, to prevent pregnancy after sexual intercourse.
835	(7) "Freestanding urgent care center" means the same as that term is defined in Section
836	59-12-801.
837	(8) "General acute hospital" means the same as that term is defined in Section 26B-2-201.
838	(9) "Health care facility" means a hospital, a hospice inpatient residence, a nursing facility,
839	a dialysis treatment facility, an assisted living residence, an entity that provides home-
840	and community-based services, a hospice or home health care agency, or another facility
841	that provides or contracts to provide health care services, which facility is licensed under
842	Chapter 2, Part 2, Health Care Facility Licensing and Inspection.
843	(10) "Health care provider" means:
844	(a) a physician, as defined in Section 58-67-102;
845	(b) an advanced practice registered nurse, as defined in Section 58-31b-102;
846	(c) a physician assistant, as defined in Section 58-70a-102; or

847 (d) an individual licensed to engage in the practice of dentistry, as defined in Section 58-69-102.

- 849 (11) "Increased risk" means risk exceeding the risk typically experienced by an individual who is not using, and is not likely to use, an opiate.
- 851 (12) "Opiate" means the same as that term is defined in Section 58-37-2.
- 852 (13) "Opiate antagonist" means naloxone hydrochloride or any similarly acting drug that is
- not a controlled substance and that is approved by the federal Food and Drug
- Administration for the diagnosis or treatment of an opiate-related drug overdose.
- 855 (14) "Opiate-related drug overdose event" means an acute condition, including a decreased 856 level of consciousness or respiratory depression resulting from the consumption or use 857 of a controlled substance, or another substance with which a controlled substance was 858 combined, and that a person would reasonably believe to require medical assistance.
- 859 (15) "Overdose outreach provider" means:
- (a) a law enforcement agency;
- (b) a fire department;
- 862 (c) an emergency medical service provider, as defined in Section [26B-4-101] 53-2d-101;
- (d) emergency medical service personnel, as defined in Section [26B-4-101] 53-2d-101;
- (e) an organization providing treatment or recovery services for drug or alcohol use;
- 865 (f) an organization providing support services for an individual, or a family of an individual, with a substance use disorder;
- 867 (g) a certified peer support specialist, as defined in Section 26B-5-610;
- 868 (h) an organization providing substance use or mental health services under contract
 869 with a local substance abuse authority, as defined in Section 26B-5-101, or a local
 870 mental health authority, as defined in Section 26B-5-101;
- (i) an organization providing services to the homeless;
- (j) a local health department;
- (k) an individual licensed to practice under:
- (i) Title 58, Chapter 17b, Pharmacy Practice Act;
- 875 (ii) Title 58, Chapter 60, Part 2, Social Worker Licensing Act; or
- (iii) Title 58, Chapter 60, Part 5, Substance Use Disorder Counselor Act; or
- 877 (1) an individual.
- 878 (16) "Patient counseling" means the same as that term is defined in Section 58-17b-102.
- 879 (17) "Pharmacist" means the same as that term is defined in Section 58-17b-102.
- 880 (18) "Pharmacy intern" means the same as that term is defined in Section 58-17b-102.

- 881 (19) "Physician" means the same as that term is defined in Section 58-67-102.
- 882 (20) "Practitioner" means:
- 883 (a) a physician; or
- (b) any other person who is permitted by law to prescribe emergency contraception.
- 885 (21) "Prescribe" means the same as that term is defined in Section 58-17b-102.
- 886 (22)(a) "Self-administered hormonal contraceptive" means a self-administered hormonal
- contraceptive that is approved by the United States Food and Drug Administration to
- prevent pregnancy.
- (b) "Self-administered hormonal contraceptive" includes an oral hormonal contraceptive,
- a hormonal vaginal ring, and a hormonal contraceptive patch.
- (c) "Self-administered hormonal contraceptive" does not include any drug intended to
- induce an abortion, as that term is defined in Section 76-7-301.
- 893 (23) "Sexual assault" means any criminal conduct described in Title 76, Chapter 5, Part 4,
- Sexual Offenses, that may result in a pregnancy.
- 895 (24) "Victim of sexual assault" means any person who presents to receive, or receives,
- medical care in consequence of being subjected to sexual assault.
- Section 16. Section **26B-5-101** is amended to read:
- 898 **26B-5-101**. Chapter definitions.
- As used in this chapter:
- 900 (1) "Criminal risk factors" means a person's characteristics and behaviors that:
- 901 (a) affect the person's risk of engaging in criminal behavior; and
- 902 (b) are diminished when addressed by effective treatment, supervision, and other support
- resources, resulting in reduced risk of criminal behavior.
- 904 (2) "Director" means the director appointed under Section 26B-5-103.
- 905 (3) "Division" means the Division of Integrated Healthcare created in Section [26B-1-1202]
- 906 26B-3-102.
- 907 (4) "Local mental health authority" means a county legislative body.
- 908 (5) "Local substance abuse authority" means a county legislative body.
- 909 (6) "Mental health crisis" means:
- 910 (a) a mental health condition that manifests in an individual by symptoms of sufficient
- severity that a prudent layperson who possesses an average knowledge of mental
- 912 health issues could reasonably expect the absence of immediate attention or
- 913 intervention to result in:
- 914 (i) serious danger to the individual's health or well-being; or

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

provide comprehensive substance use or mental health programs or services for the

948

949	local substance abuse authority or local mental health authority.
950	(c) Public funds received for the provision of services under substance use or mental
951	health service plans may not be used for any other purpose except those authorized in
952	the contract between the local mental health or substance abuse authority and
953	provider for the provision of plan services.
954	(13) "Severe mental disorder" means schizophrenia, major depression, bipolar disorders,
955	delusional disorders, psychotic disorders, and other mental disorders as defined by the
956	division.
957	(14) "Stabilization services" means in-home services provided to a child with, or who is at
958	risk for, complex emotional and behavioral needs, including teaching the child's parent
959	or guardian skills to improve family functioning.
960	(15) "Statewide mental health crisis line" means the same as that term is defined in Section
961	26B-5-610.
962	(16) "System of care" means a broad, flexible array of services and supports that:
963	(a) serve a child with or who is at risk for complex emotional and behavioral needs;
964	(b) are community based;
965	(c) are informed about trauma;
966	(d) build meaningful partnerships with families and children;
967	(e) integrate service planning, service coordination, and management across state and
968	local entities;
969	(f) include individualized case planning;
970	(g) provide management and policy infrastructure that supports a coordinated network of
971	interdepartmental service providers, contractors, and service providers who are
972	outside of the department; and
973	(h) are guided by the type and variety of services needed by a child with or who is at risk
974	for complex emotional and behavioral needs and by the child's family.
975	[(17) "Targeted case management" means a service that assists Medicaid recipients in a
976	target group to gain access to needed medical, social, educational, and other services.]
977	Section 17. Section 26B-5-102 is amended to read:
978	26B-5-102 . Division of Integrated Healthcare Office of Substance Use and
979	Mental Health Creation Responsibilities.
980	(1)(a) The Division of Integrated Healthcare shall exercise responsibility over the
981	policymaking functions, regulatory and enforcement powers, rights, duties, and
982	responsibilities outlined in state law that were previously vested in the Division of

983	Substance Abuse and Mental Health within the department, under the administration
984	and general supervision of the executive director.
985	(b) The division is the substance abuse authority and the mental health authority for this
986	state.
987	(c) There is created the Office of Substance Use and Mental Health within the division.
988	(d) The office shall exercise the responsibilities, powers, rights, duties, and
989	responsibilities assigned to the office by the executive director.
990	(2) The division shall:
991	(a)(i) educate the general public regarding the nature and consequences of substance
992	use by promoting school and community-based prevention programs;
993	(ii) render support and assistance to public schools through approved school-based
994	substance abuse education programs aimed at prevention of substance use;
995	(iii) promote or establish programs for the prevention of substance use within the
996	community setting through community-based prevention programs;
997	(iv) cooperate with and assist treatment centers, recovery residences, and other
998	organizations that provide services to individuals recovering from a substance use
999	disorder, by identifying and disseminating information about effective practices
1000	and programs;
1001	(v) promote integrated programs that address an individual's substance use, mental
1002	health, and physical health;
1003	(vi) establish and promote an evidence-based continuum of screening, assessment,
1004	prevention, treatment, and recovery support services in the community for
1005	individuals with a substance use disorder or mental illness;
1006	(vii) evaluate the effectiveness of programs described in this Subsection (2);
1007	(viii) consider the impact of the programs described in this Subsection (2) on:
1008	(A) emergency department utilization;
1009	(B) jail and prison populations;
1010	(C) the homeless population; and
1011	(D) the child welfare system; and
1012	(ix) promote or establish programs for education and certification of instructors to
1013	educate individuals convicted of driving under the influence of alcohol or drugs or
1014	driving with any measurable controlled substance in the body;
1015	(b)(i) collect and disseminate information pertaining to mental health;
1016	(ii) provide direction over the state hospital including approval of the state hospital's

1017	budget, administrative policy, and coordination of services with local service
1018	plans;
1019	(iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
1020	Rulemaking Act, to educate families concerning mental illness and promote
1021	family involvement, when appropriate, and with patient consent, in the treatment
1022	program of a family member;
1023	(iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
1024	Rulemaking Act, to direct that an individual receiving services through a local
1025	mental health authority or the Utah State Hospital be informed about and, if
1026	desired by the individual, provided assistance in the completion of a declaration
1027	for mental health treatment in accordance with Section 26B-5-313; and
1028	(v) to the extent authorized and in accordance with statute, make rules in accordance
1029	with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that:
1030	(A) create a certification for [targeted case management] case managers;
1031	(B) establish training and certification requirements;
1032	(C) specify the types of services each certificate holder is qualified to provide;
1033	(D) specify the type of supervision under which a certificate holder is required to
1034	operate; and
1035	(E) specify continuing education and other requirements for maintaining or
1036	renewing certification;
1037	(c)(i) consult and coordinate with local substance abuse authorities and local mental
1038	health authorities regarding programs and services;
1039	(ii) provide consultation and other assistance to public and private agencies and
1040	groups working on substance use and mental health issues;
1041	(iii) promote and establish cooperative relationships with courts, hospitals, clinics,
1042	medical and social agencies, public health authorities, law enforcement agencies,
1043	education and research organizations, and other related groups;
1044	(iv) promote or conduct research on substance use and mental health issues, and
1045	submit to the governor and the Legislature recommendations for changes in policy
1046	and legislation;
1047	(v) receive, distribute, and provide direction over public funds for substance use and
1048	mental health services;
1049	(vi) monitor and evaluate programs provided by local substance abuse authorities and
1050	local mental health authorities;

1051	(vii) examine expenditures of local, state, and federal funds;
1052	(viii) monitor the expenditure of public funds by:
1053	(A) local substance abuse authorities;
1054	(B) local mental health authorities; and
1055	(C) in counties where they exist, a private contract provider that has an annual or
1056	otherwise ongoing contract to provide comprehensive substance abuse or
1057	mental health programs or services for the local substance abuse authority or
1058	local mental health authority;
1059	(ix) contract with local substance abuse authorities and local mental health authorities
1060	to provide a comprehensive continuum of services that include community-based
1061	services for individuals involved in the criminal justice system, in accordance with
1062	division policy, contract provisions, and the local plan;
1063	(x) contract with private and public entities for special statewide or nonclinical
1064	services, or services for individuals involved in the criminal justice system,
1065	according to division rules;
1066	(xi) review and approve each local substance abuse authority's plan and each local
1067	mental health authority's plan in order to ensure:
1068	(A) a statewide comprehensive continuum of substance use services;
1069	(B) a statewide comprehensive continuum of mental health services;
1070	(C) services result in improved overall health and functioning;
1071	(D) a statewide comprehensive continuum of community-based services designed
1072	to reduce criminal risk factors for individuals who are determined to have
1073	substance use or mental illness conditions or both, and who are involved in the
1074	criminal justice system;
1075	(E) compliance, where appropriate, with the certification requirements in
1076	Subsection (2)(h); and
1077	(F) appropriate expenditure of public funds;
1078	(xii) review and make recommendations regarding each local substance abuse
1079	authority's contract with the local substance abuse authority's provider of
1080	substance use programs and services and each local mental health authority's
1081	contract with the local mental health authority's provider of mental health
1082	programs and services to ensure compliance with state and federal law and policy;
1083	(xiii) monitor and ensure compliance with division rules and contract requirements;
1084	and

1085	(xiv) withhold funds from local substance abuse authorities, local mental health
1086	authorities, and public and private providers for contract noncompliance, failure to
1087	comply with division directives regarding the use of public funds, or for misuse of
1088	public funds or money;
1089	(d) ensure that the requirements of this part are met and applied uniformly by local
1090	substance abuse authorities and local mental health authorities across the state;
1091	(e) require each local substance abuse authority and each local mental health authority,
1092	in accordance with Subsections 17-43-201(5)(b) and 17-43-301(6)(a)(ii), to submit a
1093	plan to the division on or before May 15 of each year;
1094	(f) conduct an annual program audit and review of each local substance abuse authority
1095	and each local substance abuse authority's contract provider, and each local mental
1096	health authority and each local mental health authority's contract provider, including:
1097	(i) a review and determination regarding whether:
1098	(A) public funds allocated to the local substance abuse authority or the local
1099	mental health authorities are consistent with services rendered by the authority
1100	or the authority's contract provider, and with outcomes reported by the
1101	authority's contract provider; and
1102	(B) each local substance abuse authority and each local mental health authority is
1103	exercising sufficient oversight and control over public funds allocated for
1104	substance use disorder and mental health programs and services; and
1105	(ii) items determined by the division to be necessary and appropriate;
1106	(g) define "prevention" by rule as required under Title 32B, Chapter 2, Part 4, Alcoholic
1107	Beverage and Substance Abuse Enforcement and Treatment Restricted Account Act;
1108	(h)(i) train and certify an adult as a peer support specialist, qualified to provide peer
1109	supports services to an individual with:
1110	(A) a substance use disorder;
1111	(B) a mental health disorder; or
1112	(C) a substance use disorder and a mental health disorder;
1113	(ii) certify a person to carry out, as needed, the division's duty to train and certify an
1114	adult as a peer support specialist;
1115	(iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
1116	Rulemaking Act, that:
1117	(A) establish training and certification requirements for a peer support specialist;
1118	(B) specify the types of services a peer support specialist is qualified to provide;

1119	(C) specify the type of supervision under which a peer support specialist is
1120	required to operate; and
1121	(D) specify continuing education and other requirements for maintaining or
1122	renewing certification as a peer support specialist; and
1123	(iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
1124	Rulemaking Act, that:
1125	(A) establish the requirements for a person to be certified to carry out, as needed,
1126	the division's duty to train and certify an adult as a peer support specialist; and
1127	(B) specify how the division shall provide oversight of a person certified to train
1128	and certify a peer support specialist;
1129	(i) collaborate with the State Commission on Criminal and Juvenile Justice to analyze
1130	and provide recommendations to the Legislature regarding:
1131	(i) pretrial services and the resources needed to reduce recidivism;
1132	(ii) county jail and county behavioral health early-assessment resources needed for an
1133	individual convicted of a class A or class B misdemeanor; and
1134	(iii) the replacement of federal dollars associated with drug interdiction law
1135	enforcement task forces that are reduced;
1136	(j) establish performance goals and outcome measurements for a mental health or
1137	substance use treatment program that is licensed under Chapter 2, Part 1, Human
1138	Services Programs and Facilities, and contracts with the department, including goals
1139	and measurements related to employment and reducing recidivism of individuals
1140	receiving mental health or substance use treatment who are involved with the
1141	criminal justice system;
1142	(k) annually, on or before November 30, submit a written report to the Judiciary Interim
1143	Committee, the Health and Human Services Interim Committee, and the Law
1144	Enforcement and Criminal Justice Interim Committee, that includes:
1145	(i) a description of the performance goals and outcome measurements described in
1146	Subsection (2)(j); and
1147	(ii) information on the effectiveness of the goals and measurements in ensuring
1148	appropriate and adequate mental health or substance use treatment is provided in a
1149	treatment program described in Subsection (2)(j);
1150	(l) collaborate with the Administrative Office of the Courts, the Department of
1151	Corrections, the Department of Workforce Services, and the Board of Pardons and
1152	Parole to collect data on recidivism in accordance with the metrics and requirements

1153	described in Section 63M-7-102;
1154	(m) at the division's discretion, use the data described in Subsection (2)(l) to make
1155	decisions regarding the use of funds allocated to the division to provide treatment;
1156	(n) annually, on or before August 31, submit the data collected under Subsection (2)(l)
1157	and any recommendations to improve the data collection to the State Commission on
1158	Criminal and Juvenile Justice to be included in the report described in Subsection
1159	63M-7-204(1)(x);
1160	(o) publish the following on the division's website:
1161	(i) the performance goals and outcome measurements described in Subsection (2)(j);
1162	and
1163	(ii) a description of the services provided and the contact information for the mental
1164	health and substance use treatment programs described in Subsection (2)(j) and
1165	residential, vocational and life skills programs, as defined in Section 13-53-102;
1166	and
1167	(p) consult and coordinate with the Division of Child and Family Services to develop
1168	and manage the operation of a program designed to reduce substance use during
1169	pregnancy and by parents of a newborn child that includes:
1170	(i) providing education and resources to health care providers and individuals in the
1171	state regarding prevention of substance use during pregnancy;
1172	(ii) providing training to health care providers in the state regarding screening of a
1173	pregnant woman or pregnant minor to identify a substance use disorder; and
1174	(iii) providing referrals to pregnant women, pregnant minors, or parents of a newborn
1175	child in need of substance use treatment services to a facility that has the capacity
1176	to provide the treatment services.
1177	(3) In addition to the responsibilities described in Subsection (2), the division shall, within
1178	funds appropriated by the Legislature for this purpose, implement and manage the
1179	operation of a firearm safety and suicide prevention program, in consultation with the
1180	Bureau of Criminal Identification created in Section 53-10-201, including:
1181	(a) coordinating with local mental health and substance abuse authorities, a nonprofit
1182	behavioral health advocacy group, and a representative from a Utah-based nonprofit
1183	organization with expertise in the field of firearm use and safety that represents
1184	firearm owners, to:
1185	(i) produce and periodically review and update a firearm safety brochure and other
1186	educational materials with information about the safe handling and use of firearm

1187	that includes:
1188	(A) information on safe handling, storage, and use of firearms in a home
1189	environment;
1190	(B) information about at-risk individuals and individuals who are legally
1191	prohibited from possessing firearms;
1192	(C) information about suicide prevention awareness; and
1193	(D) information about the availability of firearm safety packets;
1194	(ii) procure cable-style gun locks for distribution under this section;
1195	(iii) produce a firearm safety packet that includes the firearm safety brochure and the
1196	cable-style gun lock described in this Subsection (3); and
1197	(iv) create a suicide prevention education course that:
1198	(A) provides information for distribution regarding firearm safety education;
1199	(B) incorporates current information on how to recognize suicidal behaviors and
1200	identify individuals who may be suicidal; and
1201	(C) provides information regarding crisis intervention resources;
1202	(b) distributing, free of charge, the firearm safety packet to the following persons, who
1203	shall make the firearm safety packet available free of charge:
1204	(i) health care providers, including emergency rooms;
1205	(ii) mobile crisis outreach teams;
1206	(iii) mental health practitioners;
1207	(iv) other public health suicide prevention organizations;
1208	(v) entities that teach firearm safety courses;
1209	(vi) school districts for use in the seminar, described in Section [53G-9-702]
1210	53G-9-703, for parents of students in the school district; and
1211	(vii) firearm dealers to be distributed in accordance with Section 76-10-526;
1212	(c) creating and administering a rebate program that includes a rebate that offers
1213	between \$10 and \$200 off the purchase price of a firearm safe from a participating
1214	firearms dealer or a person engaged in the business of selling firearm safes in Utah,
1215	by a Utah resident; and
1216	(d) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
1217	making rules that establish procedures for:
1218	(i) producing and distributing the suicide prevention education course and the firearm
1219	safety brochures and packets;
1220	(ii) procuring the cable-style gun locks for distribution; and

1221	(iii) administering the rebate program.
1222	(4)(a) The division may refuse to contract with and may pursue legal remedies against
1223	any local substance abuse authority or local mental health authority that fails, or has
1224	failed, to expend public funds in accordance with state law, division policy, contract
1225	provisions, or directives issued in accordance with state law.
1226	(b) The division may withhold funds from a local substance abuse authority or local
1227	mental health authority if the authority's contract provider of substance use or mental
1228	health programs or services fails to comply with state and federal law or policy.
1229	(5)(a) Before reissuing or renewing a contract with any local substance abuse authority
1230	or local mental health authority, the division shall review and determine whether the
1231	local substance abuse authority or local mental health authority is complying with the
1232	oversight and management responsibilities described in Sections 17-43-201,
1233	17-43-203, 17-43-303, and 17-43-309.
1234	(b) Nothing in this Subsection (5) may be used as a defense to the responsibility and
1235	liability described in Section 17-43-303 and to the responsibility and liability
1236	described in Section 17-43-203.
1237	(6) In carrying out the division's duties and responsibilities, the division may not duplicate
1238	treatment or educational facilities that exist in other divisions or departments of the state,
1239	but shall work in conjunction with those divisions and departments in rendering the
1240	treatment or educational services that those divisions and departments are competent and
1241	able to provide.
1242	(7) The division may accept in the name of and on behalf of the state donations, gifts,
1243	devises, or bequests of real or personal property or services to be used as specified by
1244	the donor.
1245	(8) The division shall annually review with each local substance abuse authority and each
1246	local mental health authority the authority's statutory and contract responsibilities
1247	regarding:
1248	(a) use of public funds;
1249	(b) oversight of public funds; and
1250	(c) governance of substance use disorder and mental health programs and services.
1251	(9) The Legislature may refuse to appropriate funds to the division upon the division's
1252	failure to comply with the provisions of this part.
1253	(10) If a local substance abuse authority contacts the division under Subsection 17-43-201
1254	(10) for assistance in providing treatment services to a pregnant woman or pregnant

1255	minor, the division shall:
1256	(a) refer the pregnant woman or pregnant minor to a treatment facility that has the
1257	
	capacity to provide the treatment services; or
1258	(b) otherwise ensure that treatment services are made available to the pregnant woman
1259	or pregnant minor.
1260	(11) The division shall employ a school-based mental health specialist to be housed at the
1261	State Board of Education who shall work with the State Board of Education to:
1262	(a) provide coordination between a local education agency and local mental health
1263	authority;
1264	(b) recommend evidence-based and evidence informed mental health screenings and
1265	intervention assessments for a local education agency; and
1266	(c) coordinate with the local community, including local departments of health, to
1267	enhance and expand mental health related resources for a local education agency.
1268	Section 18. Section 26B-5-315 is amended to read:
1269	26B-5-315. Declaration for mental health treatment Form.
1270	A declaration for mental health treatment shall be in substantially the following form:
1271	DECLARATION FOR MENTAL HEALTH TREATMENT
1272	I,, being an adult of sound mind, willfully and
1273	voluntarily make this declaration for mental health treatment, to be followed if it is determined
1274	by a court or by two physicians that my ability to receive and evaluate information effectively
1275	or to communicate my decisions is impaired to such an extent that I lack the capacity to refuse
1276	or consent to mental health treatment. "Mental health treatment" means convulsive treatment,
1277	treatment with psychoactive medication, and admission to and retention in a mental health
1278	facility for a period up to 17 days.
1279	I understand that I may become incapable of giving or withholding informed consent for
1280	mental health treatment due to the symptoms of a diagnosed mental disorder. These symptoms
1281	may include:
1282	may increase.
1283	
1284	PSYCHOACTIVE MEDICATIONS
1285	If I become incapable of giving or withholding informed consent for mental health
1286	treatment, my wishes regarding psychoactive medications are as follows:
1287	
1287	I consent to the administration of the following medications:

in t	the dosages:
	considered appropriate by my attending physician.
	approved by
	as I hereby direct:
	I do not consent to the administration of the following medications:
	CONVULSIVE TREATMENT
	If I become incapable of giving or withholding informed consent for mental health
trea	atment, my wishes regarding convulsive treatment are as follows:
	I consent to the administration of convulsive treatment of the following type:
	, the number of treatments to be:
	determined by my attending physician.
	approved by
	as follows:
	I do not consent to the administration of convulsive treatment.
	My reasons for consenting to or refusing convulsive treatment are as follows;
	ADMISSION TO AND RETENTION IN A MENTAL HEALTH FACILITY
	If I become incapable of giving or withholding informed consent for mental health
trea	atment, my wishes regarding admission to and retention in a mental health facility are as
fol	lows:
	I consent to being admitted to the following mental health facilities:
	nay be retained in the facility for a period of time:
	determined by my attending physician.
	approved by
	no longer than
Th	is directive cannot, by law, provide consent to retain me in a facility for more than 17
day	ys.
	ADDITIONAL REFERENCES OR INSTRUCTIONS

ATTORNEY-IN-FACT
I hereby appoint:
NAME
ADDRESS
TELEPHONE #
to act as my attorney-in-fact to make decisions regarding my mental health treatment if I
become incapable of giving or withholding informed consent for that treatment.
If the person named above refuses or is unable to act on my behalf, or if I revoke that
person's authority to act as my attorney-in-fact, I authorize the following person to act as my
alternative attorney-in-fact:
NAME
ADDRESS
TELEPHONE #
My attorney-in-fact is authorized to make decisions which are consistent with the wishes
I have expressed in this declaration. If my wishes are not expressed, my attorney-in-fact is to
act in good faith according to what he or she believes to be in my best interest.
(Signature of Declarant/Date)
AFFIRMATION OF WITNESSES
We affirm that the declarant is personally known to us, that the declarant signed or
acknowledged the declarant's signature on this declaration for mental health treatment in our
presence, that the declarant appears to be of sound mind and does not appear to be under
duress, fraud, or undue influence. Neither of us is the person appointed as attorney-in-fact by
this document, the attending physician, an employee of the attending physician, an employee
of the Office of Substance [Abuse] \underline{Use} and Mental Health within the Department of Health
and Human Services, an employee of a local mental health authority, or an employee of any
organization that contracts with a local mental health authority.
Witnessed By:

(Signature of Witness/Date) (Printed Name of Witness)
ACCEPTANCE OF APPOINTMENT AS ATTORNEY-IN-FACT
I accept this appointment and agree to serve as attorney-in-fact to make decisions about
mental health treatment for the declarant. I understand that I have a duty to act consistently
with the desires of the declarant as expressed in the declaration. I understand that this
document gives me authority to make decisions about mental health treatment only while the
declarant is incapable as determined by a court or two physicians. I understand that the
declarant may revoke this appointment, or the declaration, in whole or in part, at any time and
in any manner, when the declarant is not incapable.
<u> </u>
(Signature of Attorney-in-fact/Date) (Printed name)
(Signature of Alternate Attorney-in-fact/Date) (Printed name)
NOTICE TO PERSON MAKING A
DECLARATION FOR MENTAL HEALTH TREATMENT
This is an important legal document. It is a declaration that allows, or disallows, mental
health treatment. Before signing this document, you should know that:
(1) this document allows you to make decisions in advance about three types of mental
health treatment: psychoactive medication, convulsive therapy, and short-term (up to 17
days) admission to a mental health facility;
(2) the instructions that you include in this declaration will be followed only if a court or
two physicians believe that you are incapable of otherwise making treatment decisions.
Otherwise, you will be considered capable to give or withhold consent for treatment;
(3) you may also appoint a person as your attorney-in-fact to make these treatment
decisions for you if you become incapable. The person you appoint has a duty to act
consistently with your desires as stated in this document or, if not stated, to make
decisions in accordance with what that person believes, in good faith, to be in your best
interest. For the appointment to be effective, the person you appoint must accept the
appointment in writing. The person also has the right to withdraw from acting as your
attorney-in-fact at any time;

1391	(4) this document will continue in effect for a period of three years unless you become
1392	incapable of participating in mental health treatment decisions. If this occurs, the
1393	directive will continue in effect until you are no longer incapable;
1394	(5) you have the right to revoke this document in whole or in part, or the appointment of an
1395	attorney-in-fact, at any time you have not been determined to be incapable. YOU MAY
1396	NOT REVOKE THE DECLARATION OR APPOINTMENT WHEN YOU ARE
1397	CONSIDERED INCAPABLE BY A COURT OR TWO PHYSICIANS. A revocation
1398	is effective when it is communicated to your attending physician or other provider; and
1399	(6) if there is anything in this document that you do not understand, you should ask an
1400	attorney to explain it to you. This declaration is not valid unless it is signed by two
1401	qualified witnesses who are personally known to you and who are present when you sign
1402	or acknowledge your signature.
1403	Section 19. Section 26B-5-319 is amended to read:
1404	26B-5-319. Receipt of gift and personal property related to the transfer of
1405	persons from other institutions.
1406	(1) The division may take and hold by gift, devise, or bequest real and personal property
1407	required for the use of the state hospital. With the approval of the governor the division
1408	may convert that property that is not suitable for the state hospital's use into money or
1409	property that is suitable for the state hospital's use.
1410	(2) The state hospital is authorized to receive from any other institution within the
1411	department an individual committed to that institution, when a careful evaluation of the
1412	treatment needs of the individual and of the treatment programs available at the state
1413	hospital indicates that the transfer would be in the interest of that individual.
1414	(3)(a) For the purposes of this Subsection (3), "contributions" means gifts, grants,
1415	devises, and donations.
1416	(b) Notwithstanding the provisions of Subsection [26B-1-202(10)] 26B-1-202(2)(j), the
1417	state hospital is authorized to receive contributions and deposit the contributions into
1418	an interest-bearing restricted special revenue fund. The state treasurer may invest the
1419	fund, and all interest will remain in the fund.
1420	(c)(i) Single expenditures from the fund in amounts of \$5,000 or less shall be
1421	approved by the superintendent.
1422	(ii) Single expenditures exceeding \$5,000 must be preapproved by the superintendent
1423	and the division director.
1424	(iii) Expenditures described in this Subsection (3) shall be used for the benefit of

1425	patients at the state hospital.
1426	(d) Money and interest in the fund may not be used for items normally paid for by
1427	operating revenues or for items related to personnel costs without specific legislative
1428	authorization.
1429	Section 20. Section 26B-5-331 is amended to read:
1430	26B-5-331 . Temporary commitment Requirements and procedures Rights.
1431	(1) An adult shall be temporarily, involuntarily committed to a local mental health authority
1432	upon:
1433	(a) a written application that:
1434	(i) is completed by a responsible individual who has reason to know, stating a belief
1435	that the adult, due to mental illness, is likely to pose substantial danger to self or
1436	others if not restrained and stating the personal knowledge of the adult's condition
1437	or circumstances that lead to the individual's belief; and
1438	(ii) includes a certification by a licensed physician, licensed physician assistant,
1439	licensed nurse practitioner, or designated examiner stating that the physician,
1440	physician assistant, nurse practitioner, or designated examiner has examined the
1441	adult within a three-day period immediately preceding the certification, and that
1442	the physician, physician assistant, nurse practitioner, or designated examiner is of
1443	the opinion that, due to mental illness, the adult poses a substantial danger to self
1444	or others; or
1445	(b) a peace officer or a mental health officer:
1446	(i) observing an adult's conduct that gives the peace officer or mental health officer
1447	probable cause to believe that:
1448	(A) the adult has a mental illness; and
1449	(B) because of the adult's mental illness and conduct, the adult poses a substantial
1450	danger to self or others; and
1451	(ii) completing a temporary commitment application that:
1452	(A) is on a form prescribed by the division;
1453	(B) states the peace officer's or mental health officer's belief that the adult poses a
1454	substantial danger to self or others;
1455	(C) states the specific nature of the danger;
1456	(D) provides a summary of the observations upon which the statement of danger is
1457	based; and
1458	(E) provides a statement of the facts that called the adult to the peace officer's or

1459	mental health officer's attention.
1460	(2) If at any time a patient committed under this section no longer meets the commitment
1461	criteria described in Subsection (1), the local mental health authority or the local mental
1462	health authority's designee shall:
1463	(a) document the change and release the patient; and
1464	(b) if the patient was admitted under Subsection (1)(b), notify the peace officer or
1465	mental health officer of the patient's release.
1466	(3) A patient committed under this section may be held for a maximum of 72 hours after
1467	commitment, excluding Saturdays, Sundays, and legal holidays, unless:
1468	(a) as described in Section 26B-5-332, an application for involuntary commitment is
1469	commenced, which may be accompanied by an order of detention described in
1470	Subsection 26B-5-332(4); or
1471	(b) the patient makes a voluntary application for admission.
1472	(4) Upon a written application described in Subsection (1)(a) or the observation and belief
1473	described in Subsection (1)(b)(i), the adult shall be:
1474	(a) taken into a peace officer's protective custody, by reasonable means, if necessary for
1475	public safety; and
1476	(b) transported for temporary commitment to a facility designated by the local mental
1477	health authority, by means of:
1478	(i) an ambulance, if the adult meets any of the criteria described in Section [
1479	26B-4-119] <u>53-2d-405</u> ;
1480	(ii) an ambulance, if a peace officer is not necessary for public safety, and
1481	transportation arrangements are made by a physician, physician assistant, nurse
1482	practitioner, designated examiner, or mental health officer;
1483	(iii) the city, town, or municipal law enforcement authority with jurisdiction over the
1484	location where the adult is present, if the adult is not transported by ambulance;
1485	(iv) the county sheriff, if the designated facility is outside of the jurisdiction of the
1486	law enforcement authority described in Subsection (4)(b)(iii) and the adult is not
1487	transported by ambulance; or
1488	(v) nonemergency secured behavioral health transport as that term is defined in
1489	Section 53-2d-101.
1490	(5) Notwithstanding Subsection (4):
1491	(a) an individual shall be transported by ambulance to an appropriate medical facility for
1492	treatment if the individual requires physical medical attention:

1493	(b) if an officer has probable cause to believe, based on the officer's experience and
1494	de-escalation training that taking an individual into protective custody or transporting
1495	an individual for temporary commitment would increase the risk of substantial
1496	danger to the individual or others, a peace officer may exercise discretion to not take
1497	the individual into custody or transport the individual, as permitted by policies and
1498	procedures established by the officer's law enforcement agency and any applicable
1499	federal or state statute, or case law; and
1500	(c) if an officer exercises discretion under Subsection (4)(b) to not take an individual
1501	into protective custody or transport an individual, the officer shall document in the
1502	officer's report the details and circumstances that led to the officer's decision.
1503	(6)(a) The local mental health authority shall inform an adult patient committed under
1504	this section of the reason for commitment.
1505	(b) An adult patient committed under this section has the right to:
1506	(i) within three hours after arrival at the local mental health authority, make a
1507	telephone call, at the expense of the local mental health authority, to an individual
1508	of the patient's choice; and
1509	(ii) see and communicate with an attorney.
1510	(7)(a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this section.
1511	(b) This section does not create a special duty of care.
1512	(8)(a) A local mental health authority shall provide discharge instructions to each
1513	individual committed under this section at or before the time the individual is
1514	discharged from the local mental health authority's custody, regardless of whether the
1515	individual is discharged by being released, taken into a peace officer's protective
1516	custody, transported to a medical facility or other facility, or other circumstances.
1517	(b) Discharge instructions provided under Subsection (8)(a) shall include:
1518	(i) a summary of why the individual was committed to the local mental health
1519	authority;
1520	(ii) detailed information about why the individual is being discharged from the local
1521	mental health authority's custody;
1522	(iii) a safety plan for the individual based on the individual's mental illness or mental
1523	or emotional state;
1524	(iv) notification to the individual's primary care provider, if applicable;
1525	(v) if the individual is discharged without food, housing, or economic security, a
1526	referral to appropriate services, if such services exist in the individual's

1527	community;
1528	(vi) the phone number to call or text for a crisis services hotline, and information
1529	about the availability of peer support services;
1530	(vii) a copy of any psychiatric advance directive presented to the local mental health
1531	authority, if applicable;
1532	(viii) information about how to establish a psychiatric advance directive if one was
1533	not presented to the local mental health authority;
1534	(ix) as applicable, information about medications that were changed or discontinued
1535	during the commitment;
1536	(x) a list of any screening or diagnostic tests conducted during the commitment;
1537	(xi) a summary of therapeutic treatments provided during the commitment;
1538	(xii) any laboratory work, including blood samples or imaging, that was completed or
1539	attempted during the commitment; and
1540	(xiii) information about how to contact the local mental health authority if needed.
1541	(c) If an individual's medications were changed, or if an individual was prescribed new
1542	medications while committed under this section, discharge instructions provided
1543	under Subsection (8)(a) shall include a clinically appropriate supply of medications,
1544	as determined by a licensed health care provider, to allow the individual time to
1545	access another health care provider or follow-up appointment.
1546	(d) If an individual refuses to accept discharge instructions, the local mental health
1547	authority shall document the refusal in the individual's medical record.
1548	(e) If an individual's discharge instructions include referrals to services under Subsection
1549	(8)(b)(v), the local mental health authority shall document those referrals in the
1550	individual's medical record.
1551	(f) The local mental health authority shall attempt to follow up with a discharged
1552	individual at least 48 hours after discharge, and may use peer support professionals
1553	when performing follow-up care or developing a continuing care plan.
1554	Section 21. Section 26B-5-609 is amended to read:
1555	26B-5-609 . Department and division duties MCOT license creation.
1556	(1) As used in this section:
1557	(a) "Committee" means the Behavioral Health Crisis Response Committee created in
1558	Section 63C-18-202.
1559	(b) "Emergency medical service personnel" means the same as that term is defined in
1560	Section [26B-4-101] 53-2d-101

1561	(c) "Emergency medical services" means the same as that term is defined in Section [
1562	26B-4-101] <u>53-2d-101</u> .
1563	(d) "MCOT certification" means the certification created in this part for MCOT
1564	personnel and mental health crisis outreach services.
1565	(e) "MCOT personnel" means a licensed mental health therapist or other mental health
1566	professional, as determined by the division, who is a part of a mobile crisis outreach
1567	team.
1568	(f) "Mental health crisis" means a mental health condition that manifests itself by
1569	symptoms of sufficient severity that a prudent layperson who possesses an average
1570	knowledge of mental health issues could reasonably expect the absence of immediate
1571	attention or intervention to result in:
1572	(i) serious jeopardy to the individual's health or well-being; or
1573	(ii) a danger to others.
1574	(g)(i) "Mental health crisis services" means mental health services and on-site
1575	intervention that a person renders to an individual suffering from a mental health
1576	crisis.
1577	(ii) "Mental health crisis services" includes the provision of safety and care plans,
1578	stabilization services offered for a minimum of 60 days, and referrals to other
1579	community resources.
1580	(h) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
1581	(i) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and
1582	mental health professionals that provides mental health crisis services and, based on
1583	the individual circumstances of each case, coordinates with local law enforcement,
1584	emergency medical service personnel, and other appropriate state or local resources.
1585	(2) To promote the availability of comprehensive mental health crisis services throughout
1586	the state, the division shall make rules, in accordance with Title 63G, Chapter 3, Utah
1587	Administrative Rulemaking Act, that create a certificate for MCOT personnel and
1588	MCOTs, including:
1589	(a) the standards the division establishes under Subsection (3); and
1590	(b) guidelines for:
1591	(i) credit for training and experience; and
1592	(ii) the coordination of:
1593	(A) emergency medical services and mental health crisis services;
1594	(B) law enforcement, emergency medical service personnel, and mobile crisis

1595	outreach teams; and
1596	(C) temporary commitment in accordance with Section 26B-5-331.
1597	(3)(a) The division shall:
1598	(i) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
1599	make rules that establish standards that an applicant is required to meet to qualify
1600	for the MCOT certification described in Subsection (2); and
1601	(ii) create a statewide MCOT plan that:
1602	(A) identifies statewide mental health crisis services needs, objectives, and
1603	priorities; and
1604	(B) identifies the equipment, facilities, personnel training, and other resources
1605	necessary to provide mental health crisis services.
1606	(b) The division shall take the action described in Subsection (3)(a) with
1607	recommendations from the committee.
1608	(c) The division may delegate the MCOT plan requirement described in Subsection
1609	(3)(a)(ii) to a contractor with which the division contracts to provide mental health
1610	crisis services.
1611	Section 22. Section 26B-6-210 is amended to read:
1612	26B-6-210 . Statewide database Restricted use and access.
1613	(1) The division shall maintain a database for reports of vulnerable adult abuse, neglect, or
1614	exploitation made pursuant to this part.
1615	(2) The database shall include:
1616	(a) the names and identifying data of the alleged abused, neglected, or exploited
1617	vulnerable adult and the alleged perpetrator;
1618	(b) information regarding whether or not the allegation of abuse, neglect, or exploitation
1619	was found to be:
1620	(i) supported;
1621	(ii) inconclusive;
1622	(iii) without merit; or
1623	(iv) for reports for which the finding is made before May 5, 2008:
1624	(A) substantiated; or
1625	(B) unsubstantiated; and
1626	(c) any other information that may be helpful in furthering the purposes of this part, as
1627	determined by the division.
1628	(3) Information obtained from the database may be used only:

1629	(a) for statistical summaries compiled by the department that do not include names or
1630	other identifying data;
1631	(b) where identification of an individual as a perpetrator may be relevant in a
1632	determination regarding whether to grant or deny a license, privilege, or approval
1633	made by:
1634	(i) the department;
1635	(ii) the Division of Professional Licensing;
1636	(iii) the Division of Licensing and Background Checks within the department;
1637	(iv) the Bureau of Emergency Medical Services[-], within the Department of Public
1638	Safety;
1639	(v) any government agency specifically authorized by statute to access or use the
1640	information in the database; or
1641	(vi) an agency of another state that performs a similar function to an agency
1642	described in Subsections (3)(b)(i) through (iv); or
1643	(c) as otherwise specifically provided by law.
1644	Section 23. Section 26B-6-602 is amended to read:
1645	26B-6-602 . Division responsibility.
1646	The division is responsible:
1647	(1) for the supervision, care, and treatment of persons with an intellectual disability in this
1648	state who are committed to the division's jurisdiction under the provisions of this part;
1649	and
1650	(2) to evaluate and determine the most appropriate, least restrictive setting for an individual
1651	with an intellectual disability within the division's system.
1652	Section 24. Section 26B-7-301 is amended to read:
1653	26B-7-301 . Definitions.
1654	As used in this part:
1655	(1) "Bioterrorism" means:
1656	(a) the intentional use of any microorganism, virus, infectious substance, or biological
1657	product to cause death, disease, or other biological malfunction in a human, an
1658	animal, a plant, or another living organism in order to influence, intimidate, or coerce
1659	the conduct of government or a civilian population; and
1660	(b) includes anthrax, botulism, small pox, plague, tularemia, and viral hemorrhagic
1661	fevers.
1662	(2) "Dangerous public health condition" means any of the following:

1663 (a) cholera; 1664 (b) pneumonic plague; 1665 (c) severe acute respiratory syndrome; 1666 (d) smallpox; 1667 (e) tuberculosis; 1668 (f) any viral hemorrhagic fever; (g) measles; or 1669 1670 (h) any infection: 1671 (i) that is new, drug resistant, or reemerging; 1672 (ii) that evidence suggests is likely to cause either high mortality or morbidity; and 1673 (iii) only if the relevant legislative body of the county where the infection is located 1674 approves as needing containment. 1675 (3) "Diagnostic information" means a clinical facility's record of individuals who present 1676 for treatment, including the reason for the visit, chief complaint, presenting diagnosis, 1677 final diagnosis, and any pertinent lab results. 1678 (4) "Epidemic or pandemic disease": 1679 (a) means the occurrence in a community or region of cases of an illness clearly in 1680 excess of normal expectancy; and 1681 (b) includes diseases designated by the department which have the potential to cause 1682 serious illness or death. 1683 (5) "Exigent circumstances" means a significant change in circumstances following the 1684 expiration of a public health emergency declared in accordance with this title that: 1685 (a) substantially increases the danger to public safety or health relative to the 1686 circumstances in existence when the public health emergency expired; 1687 (b) poses an imminent danger to public safety or health; and 1688 (c) was not known or foreseen and could not have been known or foreseen at the time 1689 the public health emergency expired. 1690 (6) "First responder" means: 1691 (a) a law enforcement officer as defined in Section 53-13-103; 1692 (b) emergency medical service personnel as defined in Section [26B-4-101] 53-2d-101; 1693 (c) firefighters; and 1694 (d) public health personnel having jurisdiction over the location where an individual subject to an order of restriction is found. 1695 1696 (7) "Health care provider" means the same as that term is defined in Section 78B-3-403.

1697 (8) "Legislative emergency response committee" means the same as that term is defined in 1698 Section 53-2a-203. 1699 (9) "Local food" means the same as that term is defined in Section 4-1-109. 1700 (10)(a) "Order of constraint" means an order, rule, or regulation issued in response to a 1701 declared public health emergency under this part, that: 1702 (i) applies to all or substantially all: 1703 (A) individuals or a certain group of individuals; or 1704 (B) public places or certain types of public places; and 1705 (ii) for the protection of the public health and in response to the declared public 1706 health emergency: 1707 (A) establishes, maintains, or enforces isolation or quarantine; 1708 (B) establishes, maintains, or enforces a stay-at-home order; 1709 (C) exercises physical control over property or individuals; 1710 (D) requires an individual to perform a certain action or engage in certain 1711 behavior; or 1712 (E) closes theaters, schools, or other public places or prohibits gatherings of 1713 people to protect the public health. 1714 (b) "Order of constraint" includes a stay-at-home order. 1715 (11) "Order of restriction" means an order issued by a department or a district court which 1716 requires an individual or group of individuals who are subject to restriction to submit to 1717 an examination, treatment, isolation, or quarantine. (12)(a) "Public health emergency" means an occurrence or imminent credible threat of 1718 1719 an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, 1720 or novel and highly fatal infectious agent or biological toxin, that poses a substantial 1721 risk of a significant number of human fatalities or incidents of permanent or 1722 long-term disability. 1723 (b) "Public health emergency" includes an illness or health condition resulting from a 1724 natural disaster. 1725 (13) "Public health official" means: 1726 (a) the executive director or the executive director's authorized representative; or 1727 (b) the executive director of a local health department or the executive director's 1728 authorized representative. (14) "Reportable emergency illness and health condition" includes the diseases, conditions, 1729

or syndromes designated by the department.

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1731	(15) "Stay-at-home order" means an order of constraint that:
1732	(a) restricts movement of the general population to suppress or mitigate an epidemic or
1733	pandemic disease by directing individuals within a defined geographic area to remain
1734	in their respective residences; and
1735	(b) may include exceptions for certain essential tasks.
1736	(16) "Threat to public health" means a situation where a dangerous public health condition
1737	could spread to other individuals.
1738	(17) "Subject to restriction" as applied to an individual, or a group of individuals, means the
1739	individual or group of individuals could create a threat to public health.
1740	Section 25. Section 26B-8-115 is amended to read:
1741	26B-8-115. Fetal death certificate Filing and registration requirements.
1742	(1)(a) A fetal death certificate shall be filed for each fetal death which occurs in this
1743	state.
1744	(b) The certificate shall be filed within five days after delivery with the local registrar or
1745	as otherwise directed by the state registrar.
1746	(c) The certificate shall be registered if it is completed and filed in accordance with this
1747	part.
1748	(2)(a) When a dead fetus is delivered in an institution, the institution administrator or his
1749	designated representative shall prepare and file the fetal death certificate.
1750	(b) The attending [physician, physician assistant, or certified nurse midwife] health care
1751	professional shall state in the certificate the cause of death and sign the certificate.
1752	(3) When a dead fetus is delivered outside an institution, the [physician or certified nurse
1753	midwife] health care professional in attendance at or immediately after delivery shall
1754	complete, sign, and file the fetal death certificate.
1755	(4) When a fetal death occurs without medical attendance at or immediately after the
1756	delivery or when inquiry is required by Part 2, Utah Medical Examiner[,]:
1757	(a) the medical examiner shall investigate the cause of death; and
1758	(b) the medical examiner or a certified pathologist who performed the fetal autopsy shall
1759	prepare and file the certificate of fetal death within five days after [taking] the medical
1760	examiner takes charge of the case.
1761	(5)(a) When a fetal death occurs in a moving conveyance and the dead fetus is first
1762	removed from the conveyance in this state or when a dead fetus is found in this state
1763	and the place of death is unknown, the death shall be registered in this state.

(b) The place where the dead fetus was first removed from the conveyance or found

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1765	shall be considered the place of death.
1766	(6) Final disposition of the dead fetus may not be made until the fetal death certificate has
1767	been registered.
1768	Section 26. Section 26B-8-118 is amended to read:
1769	26B-8-118 . Certificate of early term stillbirth.
1770	(1) As used in this section, "early term stillborn child" means a product of human
1771	conception, other than in the circumstances described in Subsection 76-7-301(1), that:
1772	(a) is of at least 16 weeks' gestation but less than 20 weeks' gestation, calculated from
1773	the day on which the mother's last normal menstrual period began to the day of
1774	delivery; and
1775	(b) is not born alive.
1776	(2) The state registrar shall issue a certificate of early term stillbirth to a parent of an early
1777	term stillborn child if:
1778	(a) the parent requests, on a form created by the state registrar, that the state registrar
1779	register and issue a certificate of early term stillbirth for the early term stillborn child
1780	and
1781	(b) the parent files with the state registrar:
1782	(i)(A) a signed statement from a [physician, or physician assistant if a physician is
1783	not in attendance at the delivery,] health care professional confirming the
1784	delivery of the early term stillborn child; or
1785	(B) an accurate copy of the parent's medical records related to the early term
1786	stillborn child; and
1787	(ii) any other record the state registrar determines, by rule made in accordance with
1788	Title 63G, Chapter 3, Utah Administrative Rulemaking Act, is necessary for
1789	accurate recordkeeping.
1790	(3) The certificate of early term stillbirth described in Subsection (2) shall meet all of the
1791	format and filing requirements of Section 26B-8-103.
1792	(4) A person who prepares a certificate of early term stillbirth under this section shall leave
1793	blank any references to an early term stillborn child's name if the early term stillborn
1794	child's parent does not wish to provide a name for the early term stillborn child.
1795	Section 27. Section 26B-9-104 is amended to read:
1796	26B-9-104 . Duties of the Office of Recovery Services.
1797	(1) The office has the following duties:
1798	(a) except as provided in Subsection (2), to provide child support services if:

1799	(i) the office has received an application for child support services;
1800	(ii) the state has provided public assistance; or
1801	(iii) a child lives out of the home in the protective custody, temporary custody, or
1802	custody or care of the state;
1803	(b) for the purpose of collecting child support, to carry out the obligations of the
1804	department contained in:
1805	(i) this chapter;
1806	(ii) Title 78B, Chapter 14, Utah Uniform Interstate Family Support Act;
1807	(iii) Title 78B, Chapter 15, Utah Uniform Parentage Act; and
1808	(iv) Title 81, Chapter 6, Child Support;
1809	(c) to collect money due the department which could act to offset expenditures by the
1810	state;
1811	(d) to cooperate with the federal government in programs designed to recover health and
1812	social service funds;
1813	(e) to collect civil or criminal assessments, fines, fees, amounts awarded as restitution,
1814	and reimbursable expenses owed to the state or any of its political subdivisions, if the
1815	office has contracted to provide collection services;
1816	(f) to implement income withholding for collection of child support in accordance with
1817	Part 3, Income Withholding in IV-D Cases;
1818	(g) to enter into agreements with financial institutions doing business in the state to
1819	develop and operate, in coordination with such financial institutions, a data match
1820	system in the manner provided for in Section 26B-9-208;
1821	(h) to establish and maintain the state case registry in the manner required by the Social
1822	Security Act, 42 U.S.C. Sec. 654a, which shall include a record in each case of:
1823	(i) the amount of monthly or other periodic support owed under the order, and other
1824	amounts, including arrearages, interest, late payment penalties, or fees, due or
1825	overdue under the order;
1826	(ii) any amount described in Subsection (1)(h)(i) that has been collected;
1827	(iii) the distribution of collected amounts;
1828	(iv) the birth date of any child for whom the order requires the provision of support
1829	and
1830	(v) the amount of any lien imposed with respect to the order pursuant to this part;
1831	(i) to contract with the Department of Workforce Services to establish and maintain the
1832	new hire registry created under Section 35A-7-103;

1833	(j) to determine whether an individual who has applied for or is receiving cash assistance
1834	or Medicaid is cooperating in good faith with the office as required by Section
1835	26B-9-213;
1836	(k) to finance any costs incurred from collections, fees, General Fund appropriation,
1837	contracts, and federal financial participation;[-and]
1838	(l) to provide notice to a noncustodial parent in accordance with Section 26B-9-207 of
1839	the opportunity to contest the accuracy of allegations by a custodial parent of
1840	nonpayment of past-due child support, prior to taking action against a noncustodial
1841	parent to collect the alleged past-due support[-];
1842	(m) to review the child support guidelines, as that term is defined in Section 81-6-101, to
1843	ensure the application of the guidelines results in the determination of appropriate
1844	child support award amounts; and
1845	(n) to submit to the Judiciary Interim Committee, in accordance with Section 68-3-14, a
1846	summary of the review described in Subsection (1)(m) on or before October 1, 2025,
1847	and every four years thereafter on or before October 1.
1848	(2) The office may not provide child support services to the Division of Child and Family
1849	Services for a calendar month when the child to whom the child support services relate
1850	is:
1851	(a) in the custody of the Division of Child and Family Services; and
1852	(b) lives in the home of a custodial parent of the child for more than seven consecutive
1853	days, regardless of whether:
1854	(i) the greater than seven consecutive day period starts during one month and ends in
1855	the next month; and
1856	(ii) the child is living in the home on a trial basis.
1857	(3) The Division of Child and Family Services is not entitled to child support, for a child to
1858	whom the child support relates, for a calendar month when child support services may
1859	not be provided under Subsection (2).
1860	(4) To conduct the review described in Subsection (1)(m), the office may consider input
1861	from the Judicial Council, members of the Utah State Bar Association representing
1862	attorneys who practice family law, individuals with economic expertise, and other
1863	interested parties.
1864	Section 28. Section 53-22-102 is amended to read:
1865	53-22-102. State security chief Creation Appointment.
1866	(1) There is created within the department a state security chief.

1867	(2) The state security chief:	
1868	(a) is appointed by the commissioner with the approval of the governor;	
1869	(b) is subject to the supervision and control of the commissioner;	
1870	(c) may be removed at the will of the commissioner;	
1871	(d) shall be qualified by experience and education to:	
1872	(i) enforce the laws of this state relating to school safety;	
1873	(ii) perform duties prescribed by the commissioner; and	
1874	(iii) enforce rules made under this chapter.	
1875	(3) The state security chief shall:	
1876	(a) establish building and safety standards for all public and private schools, including	; :
1877	(i) coordinating with the State Board of Education to establish the required minim	ıum
1878	safety and security standards for all public and private school facilities, include	ing:
1879	(A) limited entry points, including, if applicable, secured entry points for spec	cific
1880	student grades or groups;	
1881	(B) video surveillance of entrances when school is in session;	
1882	(C) ground level windows protected by security film or ballistic windows;	
1883	(D) internal classroom door locks;	
1884	(E) bleed kits and first aid kits;	
1885	(F) exterior cameras on entrances, parking areas, and campus grounds; and	
1886	(G) fencing around playgrounds;	
1887	(ii) establishing a schedule or timeline for existing buildings to come into complia	ınce
1888	with this section;	
1889	(iii) creating a process to examine plans and specifications for construction or	
1890	remodeling of a school building, in accordance with Section 53E-3-706;	
1891	(iv) recommending to the commissioner the denial or revocation a public or priva	te
1892	school's occupancy permit for a building if:	
1893	(A) the building does not meet the standards established in this section; and	
1894	(B) after consultation with the local governing board, the building remains	
1895	non-compliant with the standards established in this section;	
1896	(v) creating minimum standards for radio communication equipment in every sch	ool;
1897	and	
1898	(vi) establishing a process to approve the safety and security criteria the state	
1899	superintendent of public instruction establishes for building inspectors describ	ed
1900	in Section 53E-3-706;	

1901	(b) oversee the implementation of the school safety personnel requirements described in
1902	Section 53G-8-701.5, including:
1903	(i) in consultation with a county security chief, overseeing the school guardian
1904	program described in Section 53-22-105, including approving and coordinating
1905	the relevant training programs;
1906	(ii) establishing an application process for approved alternatives to the school safety
1907	personnel requirements described in Section 53G-8-701.5;
1908	(iii) selecting training requirements for school safety and security specialists in
1909	consultation with the State Board of Education as described in Section
1910	53G-8-701.6;
1911	(iv) as required by Section 53G-8-701.8, tracking each school safety and security
1912	director for a local education agency and ensuring that the contact information for
1913	the school safety and security directors is readily available to the local law
1914	enforcement agency of relevant jurisdiction; and
1915	(v) reviewing and approving the State Board of Education's school resource officer
1916	training program as described in Section 53G-8-702;
1917	(c) oversee the creation of school safety trainings, protocols, and incident responses,
1918	including:
1919	(i) in consultation with the State Board of Education, defining what constitutes an
1920	"active threat" and "developmentally appropriate" for purposes of the emergency
1921	response training described in Section 53G-8-803;
1922	(ii) in consultation with the Office of Substance [Abuse] Use and Mental Health,
1923	establishing or selecting an adolescent mental health and de-escalation training for
1924	school safety personnel;
1925	(iii) consulting with the School Safety Center to develop the model critical incident
1926	response that all schools and law enforcement will use during a threat, including:
1927	(A) standardized response protocol terminology for use throughout the state,
1928	including what constitutes a threat;
1929	(B) protocols for planning and safety drills, including drills required in a school
1930	before the school year begins;
1931	(C) integration and appropriate use of a panic alert device described in Subsection
1932	53G-8-805;
1933	(D) the establishment of incident command for a threat or safety incident,
1934	including which entity and individual runs the incident command;

1935	(E) the required components for a communication plan to be followed during an
1936	incident or threat;
1937	(F) reunification plan protocols, including the appropriate design and use of an
1938	incident command by others responding to or involved in an incident; and
1939	(G) recommendations for safety equipment for schools, including amounts and
1940	types of first aid supplies;
1941	(iv) reviewing and suggesting any changes to the response plans and training under
1942	Section 53G-8-803;
1943	(v) creating the official standard response protocol described in Section 53G-8-803
1944	for use by schools and law enforcement for school safety incidents; and
1945	(vi) establishing a manner for any security personnel described in Section
1946	53G-8-701.5 to be quickly identified by law enforcement during an incident;
1947	(d) in consultation with the School Safety Center established in Section 53G-8-802:
1948	(i) create a process to receive and analyze the school safety needs assessments
1949	described in Section 53G-8-701.5; and
1950	(ii) establish a required data reporting system for public schools to report serious and
1951	non-serious threats and other data related to threat assessment that the state
1952	security chief determines to be necessary; and
1953	(e) fulfill any other duties and responsibilities determined by the commissioner.
1954	(4) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
1955	department, in consultation with the state security chief, shall make rules to fulfill the
1956	duties described in this section.
1957	(5) The state security chief may delegate duties under this section to a sworn department
1958	member with the approval of the commissioner.
1959	Section 29. Section 53-22-104.2 is amended to read:
1960	53-22-104.2 . The School Security Task Force Education Advisory Board.
1961	(1) There is created an advisory board to the task force called the Education Advisory
1962	Board.
1963	(2) The advisory board shall consist of the following members:
1964	(a) the state security chief, who acts as chair of the advisory board;
1965	(b) the construction and facility specialist at the State Board of Education;
1966	(c) a superintendent from a county of the fourth, fifth, or sixth class, whom the state
1967	security chief selects;
1968	(d) a superintendent from a county of the first, second, or third class, whom the state

1969 security chief selects; 1970 (e) a charter school director from a county of the fourth, fifth, or sixth class, whom the 1971 state security chief selects; 1972 (f) a charter school director from a county of the first, second, or third class, whom the 1973 state security chief selects; 1974 (g) the president of the Utah School Boards Association or the president's designee; 1975 (h) a parent representative from a school community council or parent teacher 1976 organization, whom the state security chief selects; 1977 (i) a facilities manager from an LEA in a county of the fourth, fifth, or sixth class, whom 1978 the state security chief selects; 1979 (j) a facilities manager from an LEA in county of the first, second, or third class, whom 1980 the state security chief selects; 1981 (k) a representative of private schools, whom the state security chief selects; and (1) a member of the Office of Substance [Abuse] Use and Mental Health, whom the state 1982 1983 security chief selects. 1984 (3) The advisory board's purpose is to: 1985 (a) review and provide input on official business of the task force; 1986 (b) provide recommendations and suggestions for the task force's consideration; and 1987 (c) study and evaluate the policies, procedures, and programs implemented for school 1988 safety and provide proactive information regarding the implementation. 1989 (4)(a) A majority of the members of the advisory board constitutes a quorum. 1990 (b) The action of a majority of a quorum constitutes an action of the advisory board. 1991 (5)(a) The advisory board shall select two members to serve as co-chairs. 1992 (b) The co-chairs are responsible for the call and conduct of meetings. 1993 (6) The staff of the state security chief shall provide staff for the advisory board. 1994 (7) A member of the advisory board who is not a legislator may not receive compensation 1995 for the member's work associated with the task force but may receive per diem and 1996 reimbursement for travel expenses incurred as a member of the task force at the rates 1997 established by the Division of Finance under: 1998 (a) Sections 63A-3-106 and 63A-3-107; and 1999 (b) rules made by the Division of Finance in accordance with Sections 63A-3-106 and 2000 63A-3-107. 2001 Section 30. Section **53-22-105** is amended to read:

53-22-105. School guardian program.

2002

2003	(1) As	used in this section:
2004	` ′	"Annual training" means an annual four-hour training that:
2005	` ,	(i) a county security chief or a designee administers;
2006		(ii) the state security chief approves;
2007		(iii) can be tailored to local needs;
2008		(iv) allows an individual to practice and demonstrate firearms proficiency at a
2009		firearms range using the firearm the individual carries for self defense and defense
2010		of others;
2011		(v) includes the following components:
2012		(A) firearm safety, including safe storage of a firearm;
2013		(B) de-escalation tactics;
2014		(C) the role of mental health in incidents; and
2015		(D) disability awareness and interactions; and
2016		(vi) contains other training needs as determined by the state security chief.
2017	(b)	"Biannual training" means a twice-yearly training that:
2018		(i) is at least four hours, unless otherwise approved by the state security chief;
2019		(ii) a county security chief or a designee administers;
2020		(iii) the state security chief approves;
2021		(iv) can be tailored to local needs;[-and]
2022		(v) through which a school guardian at a school or simulated school environment:
2023		(A) receives training on the specifics of the building or buildings of the school,
2024		including the location of emergency supplies and security infrastructure; and
2025		(B) participates in a live-action practice plan with school administrators in
2026		responding to active threats at the school; and
2027		(vi) shall be taken with at least three months in between the two trainings.
2028	(c)	"Firearm" means the same as that term is defined in Section 76-10-501.
2029	(d)	"Initial training" means an in-person training that:
2030		(i) a county security chief or a designee administers;
2031		(ii) the state security chief approves;
2032		(iii) can be tailored to local needs; and
2033		(iv) provides:
2034		(A) training on general familiarity with the types of firearms that can be concealed
2035		for self-defense and defense of others;
2036		(B) training on the safe loading, unloading, storage, and carrying of firearms in a

2037	school setting;
2038	(C) training at a firearms range with instruction regarding firearms fundamentals,
2039	marksmanship, the demonstration and explanation of the difference between
2040	sight picture, sight alignment, and trigger control, and a recognized pistol
2041	course;
2042	(D) current laws dealing with the lawful use of a firearm by a private citizen,
2043	including laws on self-defense, defense of others, transportation of firearms,
2044	and concealment of firearms;
2045	(E) coordination with law enforcement officers in the event of an active threat;
2046	(F) basic trauma first aid;
2047	(G) the appropriate use of force, emphasizing the de-escalation of force and
2048	alternatives to using force; and
2049	(H) situational response evaluations, including:
2050	(I) protecting and securing a crime or accident scene;
2051	(II) notifying law enforcement;
2052	(III) controlling information; and
2053	(IV) other training that the county sheriff, designee, or department deems
2054	appropriate.
2055	(e) "Program" means the school guardian program created in this section.
2056	(f)(i) "School employee" means an employee of a school whose duties and
2057	responsibilities require the employee to be physically present at a school's campus
2058	while school is in session.
2059	(ii) "School employee" does not include a principal, teacher, or individual whose
2060	primary responsibilities require the employee to be primarily present in a
2061	classroom to teach, care for, or interact with students, unless:
2062	(A) the principal, teacher, or individual is employed at a school with 100 or fewer
2063	students;
2064	(B) the principal, teacher, or individual is employed at a school with adjacent
2065	campuses as determined by the state security chief; or
2066	(C) as provided in Subsection 53G-8-701.5(3).
2067	(g) "School guardian" means a school employee who meets the requirements of
2068	Subsection (3).
2069	(2)(a)(i) There is created within the department the school guardian program $[\div]$.
2070	(ii) [the] The state security chief shall oversee the school guardian program[;] .

2071	(iii) [the] The applicable county security chief shall administer the school guardian
2072	program in each county.
2073	(b) The state security chief shall ensure that the school guardian program includes:
2074	(i) initial training;
2075	(ii) biannual training; and
2076	(iii) annual training.
2077	(c) A county sheriff may partner or contract with:
2078	(i) another county sheriff to support the respective county security chiefs in jointly
2079	administering the school guardian program in the relevant counties; and
2080	(ii) a local law enforcement agency of relevant jurisdiction to provide the:
2081	(A) initial training;
2082	(B) biannual training; and
2083	(C) annual training.
2084	(3)(a) A school employee that volunteers to participate is eligible to join the program as
2085	a school guardian if:
2086	(i) the school administrator approves the volunteer school employee to be designated
2087	as a school guardian;
2088	(ii) the school employee satisfactorily completes initial training within six months
2089	before the day on which the school employee joins the program;
2090	(iii) the school employee holds a valid concealed carry permit issued under Title 53,
2091	Chapter 5, Part 7, Concealed Firearm Act;
2092	(iv) the school employee certifies to the sheriff of the county where the school is
2093	located that the school employee has undergone the training in accordance with
2094	Subsection (3)(a)(ii) and intends to serve as a school guardian; and
2095	(v) the school employee successfully completes a mental health screening selected by
2096	the state security chief in collaboration with the Office of Substance [Abuse] <u>Use</u>
2097	and Mental Health established in Section 26B-5-102.
2098	(b) After joining the program a school guardian shall complete annual training and
2099	biannual training to retain the designation of a school guardian in the program.
2100	(4) The state security chief shall:
2101	(a) for each school that participates in the program, track each school guardian at the
2102	school by collecting the photograph and the name and contact information for each
2103	guardian;
2104	(b) make the information described in Subsection (4)(a) readily available to each law

2105	enforcement agency in the state categorized by school; and
2106	(c) provide each school guardian with a one-time stipend of \$500.
2107	(5) A school guardian:
2108	(a) may store the school guardian's firearm on the grounds of a school only if:
2109	(i) the firearm is stored in a biometric gun safe;
2110	(ii) the biometric gun safe is located in the school guardian's office; and
2111	(iii) the school guardian is physically present on the grounds of the school while the
2112	firearm is stored in the safe;
2113	(b) shall carry the school guardian's firearm in a concealed manner; and
2114	(c) may not, unless during an active threat, display or open carry a firearm while on
2115	school grounds.
2116	(6) Except as provided in Subsection (5)(c), this section does not prohibit an individual who
2117	has a valid concealed carry permit but is not participating in the program from carrying a
2118	firearm on the grounds of a public school or charter school under Subsection 76-10-505.5
2119	(4).
2120	(7) A school guardian:
2121	(a) does not have authority to act in a law enforcement capacity; and
2122	(b) may, at the school where the school guardian is employed:
2123	(i) take actions necessary to prevent or abate an active threat; and
2124	(ii) temporarily detain an individual when the school guardian has reasonable cause
2125	to believe the individual has committed or is about to commit a forcible felony, as
2126	that term is defined in Section 76-2-402.
2127	(8) A school may designate a single volunteer or multiple volunteers to participate in the
2128	school guardian program to satisfy the school safety personnel requirements of Section
2129	53G-8-701.5.
2130	(9) The department may adopt, according to Title 63G, Chapter 3, Utah Administrative
2131	Rulemaking Act, rules to administer this section.
2132	(10) A school guardian who has active status in the guardian program is not liable for any
2133	civil damages or penalties if the school guardian:
2134	(a) when carrying or storing a firearm:
2135	(i) is acting in good faith; and
2136	(ii) is not grossly negligent; or
2137	(b) threatens, draws, or otherwise uses a firearm reasonably believing the action to be
2138	necessary in compliance with Section 76-2-402

2139	(11) A school guardian shall file a report described in Subsection (12) if, during the
2140	performance of the school guardian's duties, the school guardian points a firearm at an
2141	individual.
2142	(12)(a) A report described in Subsection (11) shall include:
2143	(i) a description of the incident;
2144	(ii) the identification of the individuals involved in the incident; and
2145	(iii) any other information required by the state security chief.
2146	(b) A school guardian shall submit a report required under Subsection (11) to the school
2147	administrator, school safety and security director, and the state security chief within
2148	48 hours after the incident.
2149	(c) The school administrator, school safety and security director, and the state security
2150	chief shall consult and review the report submitted under Subsection (12)(b).
2151	(13) The requirements of Subsections (11) and (12) do not apply to a training exercise.
2152	(14) A school guardian may have the designation of school guardian revoked at any time by
2153	the school principal, county sheriff, or state security chief.
2154	(15)(a) Any information or record created detailing a school guardian's participation in
2155	the program is:
2156	(i) a private, controlled, or protected record under Title 63G, Chapter 2, Government
2157	Records Access and Management Act; and
2158	(ii) available only to:
2159	(A) the state security chief;
2160	(B) administrators at the school guardian's school;
2161	(C) if applicable, other school safety personnel described in Section 53G-8-701.5;
2162	(D) a local law enforcement agency that would respond to the school in case of an
2163	emergency; and
2164	(E) the individual designated by the county sheriff in accordance with Section
2165	53-22-103 of the county of the school where the school guardian in the
2166	program is located.
2167	(b) The information or record described in Subsection (15)(a) includes information
2168	related to the school guardian's identity and activity within the program as described
2169	in this section and any personal identifying information of a school guardian
2170	participating in the program collected or obtained during initial training, annual
2171	training, and biannual training.
2172	(c) An individual who intentionally or knowingly provides the information described in

2173	Subsection (15)(a) to an individual or entity not listed in Subsection (15)(a)(ii) is
2174	guilty of a class B misdemeanor.
2175	Section 31. Section 53G-8-701.6 is amended to read:
2176	53G-8-701.6 . School safety and security specialist.
2177	(1) As used in this section, "principal" means the chief administrator at a public school,
2178	including:
2179	(a) a school principal;
2180	(b) a charter school director; or
2181	(c) the superintendent of the Utah Schools for the Deaf and the Blind.
2182	(2)(a) Subject to Subsection (2)(b) and except as provided in Subsection 53G-8-701.5(3),
2183	every campus within an LEA shall designate a school safety and security specialist
2184	from the employees of the relevant campus.
2185	(b) The school safety and security specialist:
2186	(i) may not be a principal; and
2187	(ii) may be the school safety and security director at one campus within the LEA.
2188	(3) The school safety and security specialist shall:
2189	(a) report directly to the principal;
2190	(b) oversee school safety and security practices to ensure a safe and secure school
2191	environment for students and staff;
2192	(c) ensure adherence with all policies, procedures, protocols, rules, and regulations
2193	relating to school safety and security through collaborating and maintaining effective
2194	communications with the following as applicable:
2195	(i) the principal;
2196	(ii) school staff;
2197	(iii) the school resource officer;
2198	(iv) the armed school security guard;
2199	(v) the school guardian;
2200	(vi) local law enforcement;
2201	(vii) the county security chief;
2202	(viii) the school safety and security director;
2203	(ix) the LEA; and
2204	(x) school-based behavioral and mental health professionals;
2205	(d) in collaboration with the county security chief or designee described in Section
2206	53-22-103:

2207	(i) conduct the school safety needs assessment described in Section 53G-8-701.5; and
2208	(ii) conduct a building safety evaluation at least annually using the results of the
2209	school safety needs assessment to recommend and implement improvements to
2210	school facilities, policies, procedures, protocols, rules, and regulations relating to
2211	school safety and security;
2212	(e) if the specialist is also an employee of an LEA, participate on the multidisciplinary
2213	team that the LEA establishes;
2214	(f) conduct a behavioral threat assessment when the school safety and security specialist
2215	deems necessary using an evidence-based tool the state security chief recommends in
2216	consultation with the school safety center and the Office of Substance [Abuse] Use
2217	and Mental Health;
2218	(g) regularly monitor and report to the principal, local law enforcement, and, if
2219	applicable, the LEA superintendent or designee, security risks for the school resulting
2220	from:
2221	(i) issues with school facilities; or
2222	(ii) the implementation of practices, policies, procedures, and protocols relating to
2223	school safety and security;
2224	(h) coordinate with local first responder agencies to implement and monitor safety and
2225	security drills in accordance with policy and applicable procedures and protocols;
2226	(i) ensure that school staff, and, when appropriate, students, receive training on and
2227	remain current on the school's safety and security procedures and protocols;
2228	(j) following an event where security of the school has been significantly compromised,
2229	organize a debriefing with the individuals listed in Subsection (3)(c) regarding
2230	strengthening school safety and security practices, policies, procedures, and protocols;
2231	(k) abide by any LEA, school, or law enforcement agency policy outlining the chain of
2232	command;
2233	(l) during an emergency, coordinate with the following individuals as applicable, the:
2234	(i) school resource officer;
2235	(ii) school guardians;
2236	(iii) armed school security guards;
2237	(iv) school administrators; and
2238	(v) responding law enforcement officers;
2239	(m) follow any LEA, school, or law enforcement agency student privacy policies,
2240	including state and federal privacy laws;

2241	(n) participate in an annual training the state security chief selects in consultation with
2242	the School Safety Center; and
2243	(o) remain current on:
2244	(i) a comprehensive school guideline the state security chief selects;
2245	(ii) the duties of a school safety and security specialist described in this Subsection (3);
2246	and
2247	(iii) the school's emergency response plan.
2248	(4) During an active emergency at the school, the school safety and security specialist is
2249	subordinate to any responding law enforcement officers.
2250	Section 32. Section 80-2-709 is amended to read:
2251	80-2-709 . Division access to criminal background information for background
2252	screening and investigation.
2253	(1) The division shall have direct access to criminal background information maintained
2254	under Title 53, Chapter 10, Part 2, Bureau of Criminal Identification, for the purpose of:
2255	(a) background screening under this chapter, Chapter 2a, Removal and Protective
2256	Custody of a Child, or Chapter 3, Abuse, Neglect, and Dependency Proceedings,
2257	including background screening of an individual who has direct access, as defined in
2258	Section [62A-2-101] <u>26B-2-101</u> , to a minor:
2259	(i) who is alleged to be or has been abused, neglected, or dependent; and
2260	(ii) for whom the division has an open case; or
2261	(b) investigation of abuse or neglect under this chapter, Chapter 2a, Removal and
2262	Protective Custody of a Child, or Chapter 3, Abuse, Neglect, and Dependency
2263	Proceedings.
2264	(2) Except as provided in Section 80-3-305, the division and the Office of Guardian Ad
2265	Litem are authorized to request the Department of Public Safety to conduct a complete
2266	Federal Bureau of Investigation criminal background check through the national
2267	criminal history system (NCIC).
2268	Section 33. Repealer.
2269	This bill repeals:
2270	Section 26B-7-102, Director of family health services programs.
2271	Section 34. Effective Date.
2272	This bill takes effect on May 7, 2025.