

HB0487S01 compared with HB0487

~~text~~ shows text that was in HB0487 but was deleted in HB0487S01.

text shows text that was not in HB0487 but was inserted into HB0487S01.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Representative Sandra Hollins proposes the following substitute bill:

SICKLE CELL DISEASE

2023 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Sandra Hollins

Senate Sponsor: _____

LONG TITLE

General Description:

This bill addresses sickle cell disease among residents of the state.

Highlighted Provisions:

This bill:

- ▶ requires the ~~Office~~Division of Population Health ~~Disparities Reduction~~ ~~office~~(division) in collaboration with others within the Department of Health and Human Services to review and develop recommendations for improving the surveillance, screening, diagnosis, and treatment of sickle cell disease among residents of the state;
- ▶ requires the ~~office~~division to report the recommendations to the Health and Human Services Interim Committee;
- ▶ establishes a repeal date; and

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- ▶ makes technical changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

~~{ 26-7-2, as last amended by Laws of Utah 2011, Chapter 192~~

~~{ 63I-2-226, as last amended by Laws of Utah 2022, Chapters 255, 365~~

ENACTS:

[26B-7-120, Utah Code Annotated 1953](#)

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

Section 1. Section ~~{26-7-2}~~26B-7-120 is ~~{amended}~~enacted to read:

~~{26-7-2}~~26B-7-120. ~~{ Office of Health Disparities Reduction -- Duties:~~

~~—— (1) As used in this section:~~

~~—— (a) "Multicultural or minority health issue" means a health issue, including a mental and oral health issue, of particular interest to cultural, ethnic, racial, or other subpopulations, including:~~

~~—— (i) disparities in:~~

~~—— (A) disease incidence, prevalence, morbidity, mortality, treatment, and treatment response; and~~

~~—— (B) access to care; and~~

~~—— (ii) cultural competency in the delivery of health care.~~

~~—— (b) "Office" means the Office of Health Disparities Reduction created in this section.~~

~~—— (2) There is created within the department the Office of Health Disparities~~

~~Reduction:~~

~~—— (3) The office shall:~~

~~—— (a) promote and coordinate the research, data production, dissemination, education, and health promotion activities of the following that relate to a multicultural~~

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or minority health issue:

- ~~— (i) the department;~~
- ~~— (ii) local health departments;~~
- ~~— (iii) local mental health authorities;~~
- ~~— (iv) public schools;~~
- ~~— (v) community-based organizations; and~~
- ~~— (vi) other organizations within the state;~~
- ~~— (b) assist in the development and implementation of one or more programs to address a multicultural or minority health issue;~~
- ~~— (c) promote the dissemination and use of information on a multicultural or minority health issue by minority populations, health care providers, and others;~~
- ~~— (d) seek federal funding and other resources to accomplish the office's mission;~~
- ~~— (e) provide technical assistance to organizations within the state seeking funding to study or address a multicultural or minority health issue;~~
- ~~— (f) develop and increase the capacity of the office to:~~
 - ~~— (i) ensure the delivery of qualified timely culturally appropriate translation services across department programs; and~~
 - ~~— (ii) provide, when appropriate, linguistically competent translation and communication services for limited English proficiency individuals;~~
- ~~— (g) provide staff assistance to any advisory committee created by the department to study a multicultural or minority health issue; [and]~~
- ~~— (h) annually report to the Legislature on its activities and accomplishments; and~~
- ~~— (i) (i) in} Sickle cell disease.~~

In collaboration with the Medicaid program ~~{,}~~ as defined in Section ~~{26-18-2}~~ 26B-3-101, the Drug Utilization Review Board created in Section ~~{26-18-102}~~ 26B-3-302, the Health Data Committee created in Section ~~{26B-1-204}~~ 26B-1-413, the Office of Health Disparities Reduction created in Section 26B-7-114, and others within the department, the Division of Population Health created in Section 26B-1-204 shall:

(1) review and develop recommendations for improving the surveillance, screening, diagnosis, and treatment of sickle cell disease among residents of the state; and

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~~(iii)2~~ report the recommendations ~~developed under Subsection (3)(i)(i)~~ to the Health and Human Services Interim Committee before July 1, 2024. ~~(i)~~

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

63I-2-226. Repeal dates: Titles 26 through 26B.

~~[(1) Subsection 26-2-12.6(3), relating to the report for birth certificate fees, is repealed December 31, 2022.]~~

~~[(2) (1) Subsection 26-7-2(3)(i), relating to sickle cell disease, is repealed July 1, 2025.]~~

~~(2)~~ Subsection 26-7-8(3) is repealed January 1, 2027.

~~[(3)1(2)]~~ Section 26-8a-107 is repealed July 1, 2024.

~~[(4) Subsection 26-8a-203(3)(a)(i) is repealed January 1, 2023.]~~

~~[(5) (4)3]~~ Section 26-8a-211 is repealed July 1, 2023.

~~[(6) (5)4]~~ In relation to the Air Ambulance Committee, on July 1, 2024, Subsection 26-8a-602(1)(a) is amended to read:

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

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

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

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

~~[(7) Subsection 26-18-2.4(3)(c) is repealed January 1, 2023.]~~

~~[(8) Subsection 26-18-411(8), related to reporting on the health coverage improvement program, is repealed January 1, 2023.]~~

~~[(9) (6)5]~~ Subsection 26-18-420(5), related to reporting on coverage for in vitro fertilization and genetic testing, is repealed July 1, 2030.

~~[(10) (7)6]~~ In relation to the Air Ambulance Committee, July 1, 2024, Subsection 26-21-32(1)(a) is amended to read:

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

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

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

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

~~[(11) Subsection 26-33a-106.1(2)(a) is repealed January 1, 2023.]~~

~~[(12) (1877) Title 26, Chapter 46, Utah Health Care Workforce Financial Assistance Program, is repealed July 1, 2027.~~

~~[(13) Subsection 26-61-202(4)(b) is repealed January 1, 2022.]~~

~~[(14) Subsection 26-61-202(5) is repealed January 1, 2022.]~~

~~[(15) (1978) Subsection 26B-1-204(2)(f), relating to the Air Ambulance Committee, is repealed July 1, 2024.~~

(9) Section 26B-7-120, relating to sickle cell disease, is repealed July 1, 2025.