

**Representative Tyler Clancy** proposes the following substitute bill:

**COURT-ORDERED TREATMENT MODIFICATIONS**

2024 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Tyler Clancy**

Senate Sponsor: Curtis S. Bramble

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**LONG TITLE**

**General Description:**

This bill addresses court-ordered treatment.

**Highlighted Provisions:**

This bill:

- ▶ requires the Utah Substance Use and Mental Health Advisory Council to study issues relating to civil commitment;
- ▶ provides a sunset date for the reporting requirement;
- ▶ requires a local mental health authority to notify a peace officer or mental health officer when certain individuals are released from temporary involuntary commitment;
- ▶ amends the amount of time an individual may be held under a temporary commitment;
- ▶ amends the criteria under which a court shall order the involuntary commitment of an individual with a mental illness;
- ▶ amends the criteria and procedure for court-ordered assisted outpatient treatment;
- ▶ amends the criteria under which a court may order the involuntary commitment of an individual with an intellectual disability;
- ▶ describes information that must be provided to an individual when the individual is



26 discharged from involuntary commitment; and  
27       ▶ makes technical and conforming changes.

28 **Money Appropriated in this Bill:**

29       None

30 **Other Special Clauses:**

31       This bill provides a special effective date.

32       This bill provides a coordination clause.

33 **Utah Code Sections Affected:**

34 AMENDS:

35       **17-43-301**, as last amended by Laws of Utah 2023, Chapters 15, 327

36       **26B-5-331 (Superseded 07/01/24)**, as renumbered and amended by Laws of Utah  
37 2023, Chapter 308

38       **26B-5-331 (Effective 07/01/24)**, as last amended by Laws of Utah 2023, Chapter 310  
39 and renumbered and amended by Laws of Utah 2023, Chapter 308

40       **26B-5-332**, as renumbered and amended by Laws of Utah 2023, Chapter 308

41       **26B-5-351**, as renumbered and amended by Laws of Utah 2023, Chapter 308

42       **26B-6-607**, as renumbered and amended by Laws of Utah 2023, Chapter 308

43       **26B-6-608**, as renumbered and amended by Laws of Utah 2023, Chapter 308

44       **63I-2-226 (Superseded 07/01/24)**, as last amended by Laws of Utah 2023, Chapters 33,  
45 139, 249, 295, and 465 and repealed and reenacted by Laws of Utah 2023, Chapter  
46 329

47       **63I-2-226 (Effective 07/01/24)**, as last amended by Laws of Utah 2023, Chapters 33,  
48 139, 249, 295, 310, and 465 and repealed and reenacted by Laws of Utah 2023,  
49 Chapter 329 and last amended by Coordination Clause, Laws of Utah 2023, Chapter  
50 329

51 ENACTS:

52       **26B-5-302.5**, Utah Code Annotated 1953

53 REPEALS:

54       **26B-5-350**, as renumbered and amended by Laws of Utah 2023, Chapter 308

55 **Utah Code Sections Affected By Coordination Clause:**

56       **26B-5-332**, as renumbered and amended by Laws of Utah 2023, Chapter 308

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

59 Section 1. Section **17-43-301** is amended to read:

60 **17-43-301. Local mental health authorities -- Responsibilities.**

61 (1) As used in this section:

62 (a) "Assisted outpatient treatment" means the same as that term is defined in Section  
63 [26B-5-301](#).

64 (b) "Crisis worker" means the same as that term is defined in Section [26B-5-610](#).

65 (c) "Local mental health crisis line" means the same as that term is defined in Section  
66 [26B-5-610](#).

67 (d) "Mental health therapist" means the same as that term is defined in Section  
68 [58-60-102](#).

69 (e) "Public funds" means the same as that term is defined in Section [17-43-303](#).

70 (f) "Statewide mental health crisis line" means the same as that term is defined in  
71 Section [26B-5-610](#).

72 (2) (a) (i) In each county operating under a county executive-council form of  
73 government under Section [17-52a-203](#), the county legislative body is the local mental health  
74 authority, provided however that any contract for plan services shall be administered by the  
75 county executive.

76 (ii) In each county operating under a council-manager form of government under  
77 Section [17-52a-204](#), the county manager is the local mental health authority.

78 (iii) In each county other than a county described in Subsection (2)(a)(i) or (ii), the  
79 county legislative body is the local mental health authority.

80 (b) Within legislative appropriations and county matching funds required by this  
81 section, under the direction of the division, each local mental health authority shall:

82 (i) provide mental health services to individuals within the county; and

83 (ii) cooperate with efforts of the division to promote integrated programs that address  
84 an individual's substance use, mental health, and physical healthcare needs, as described in  
85 Section [26B-5-102](#).

86 (c) Within legislative appropriations and county matching funds required by this  
87 section, each local mental health authority shall cooperate with the efforts of the department to

88 promote a system of care, as defined in Section 26B-1-102, for minors with or at risk for  
89 complex emotional and behavioral needs, as described in Section 26B-1-202.

90 (3) (a) By executing an interlocal agreement under Title 11, Chapter 13, Interlocal  
91 Cooperation Act, two or more counties may join to:

92 (i) provide mental health prevention and treatment services; or

93 (ii) create a united local health department that combines substance use treatment  
94 services, mental health services, and local health department services in accordance with  
95 Subsection (4).

96 (b) The legislative bodies of counties joining to provide services may establish  
97 acceptable ways of apportioning the cost of mental health services.

98 (c) Each agreement for joint mental health services shall:

99 (i) (A) designate the treasurer of one of the participating counties or another person as  
100 the treasurer for the combined mental health authorities and as the custodian of money  
101 available for the joint services; and

102 (B) provide that the designated treasurer, or other disbursing officer authorized by the  
103 treasurer, may make payments from the money available for the joint services upon audit of the  
104 appropriate auditing officer or officers representing the participating counties;

105 (ii) provide for the appointment of an independent auditor or a county auditor of one of  
106 the participating counties as the designated auditing officer for the combined mental health  
107 authorities;

108 (iii) (A) provide for the appointment of the county or district attorney of one of the  
109 participating counties as the designated legal officer for the combined mental health  
110 authorities; and

111 (B) authorize the designated legal officer to request and receive the assistance of the  
112 county or district attorneys of the other participating counties in defending or prosecuting  
113 actions within their counties relating to the combined mental health authorities; and

114 (iv) provide for the adoption of management, clinical, financial, procurement,  
115 personnel, and administrative policies as already established by one of the participating  
116 counties or as approved by the legislative body of each participating county or interlocal board.

117 (d) An agreement for joint mental health services may provide for:

118 (i) joint operation of services and facilities or for operation of services and facilities

119 under contract by one participating local mental health authority for other participating local  
120 mental health authorities; and

121 (ii) allocation of appointments of members of the mental health advisory council  
122 between or among participating counties.

123 (4) A county governing body may elect to combine the local mental health authority  
124 with the local substance abuse authority created in Part 2, Local Substance Abuse Authorities,  
125 and the local health department created in Title 26A, Chapter 1, Part 1, Local Health  
126 Department Act, to create a united local health department under Section 26A-1-105.5. A local  
127 mental health authority that joins with a united local health department shall comply with this  
128 part.

129 (5) (a) Each local mental health authority is accountable to the department and the state  
130 with regard to the use of state and federal funds received from those departments for mental  
131 health services, regardless of whether the services are provided by a private contract provider.

132 (b) Each local mental health authority shall comply, and require compliance by its  
133 contract provider, with all directives issued by the department regarding the use and  
134 expenditure of state and federal funds received from those departments for the purpose of  
135 providing mental health programs and services. The department shall ensure that those  
136 directives are not duplicative or conflicting, and shall consult and coordinate with local mental  
137 health authorities with regard to programs and services.

138 (6) (a) Each local mental health authority shall:

139 (i) review and evaluate mental health needs and services, including mental health needs  
140 and services for:

141 (A) an individual incarcerated in a county jail or other county correctional facility; and

142 (B) an individual who is a resident of the county and who is court ordered to receive  
143 assisted outpatient treatment under Section 26B-5-351;

144 (ii) in accordance with Subsection (6)(b), annually prepare and submit to the division a  
145 plan approved by the county legislative body for mental health funding and service delivery,  
146 either directly by the local mental health authority or by contract;

147 (iii) establish and maintain, either directly or by contract, programs licensed under Title  
148 26B, Chapter 2, Part 1, Human Services Programs and Facilities;

149 (iv) appoint, directly or by contract, a full-time or part-time director for mental health

150 programs and prescribe the director's duties;

151 (v) provide input and comment on new and revised rules established by the division;

152 (vi) establish and require contract providers to establish administrative, clinical,  
153 personnel, financial, procurement, and management policies regarding mental health services  
154 and facilities, in accordance with the rules of the division, and state and federal law;

155 (vii) establish mechanisms allowing for direct citizen input;

156 (viii) annually contract with the division to provide mental health programs and  
157 services in accordance with the provisions of Title 26B, Chapter 5, Health Care - Substance  
158 Use and Mental Health;

159 (ix) comply with all applicable state and federal statutes, policies, audit requirements,  
160 contract requirements, and any directives resulting from those audits and contract requirements;

161 (x) provide funding equal to at least 20% of the state funds that it receives to fund  
162 services described in the plan;

163 (xi) comply with the requirements and procedures of Title 11, Chapter 13, Interlocal  
164 Cooperation Act, Title 17B, Chapter 1, Part 6, Fiscal Procedures for Special Districts, and Title  
165 51, Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and  
166 Other Local Entities Act; and

167 (xii) take and retain physical custody of minors committed to the physical custody of  
168 local mental health authorities by a judicial proceeding under Title 26B, Chapter 5, Part 4,  
169 Commitment of Persons Under Age 18.

170 (b) Each plan under Subsection (6)(a)(ii) shall include services for adults, youth, and  
171 children, which shall include:

172 (i) inpatient care and services;

173 (ii) residential care and services;

174 (iii) outpatient care and services;

175 (iv) 24-hour crisis care and services;

176 (v) psychotropic medication management;

177 (vi) psychosocial rehabilitation, including vocational training and skills development;

178 (vii) case management;

179 (viii) community supports, including in-home services, housing, family support  
180 services, and respite services;

181 (ix) consultation and education services, including case consultation, collaboration  
182 with other county service agencies, public education, and public information; and  
183 (x) services to persons incarcerated in a county jail or other county correctional facility.  
184 (7) (a) If a local mental health authority provides for a local mental health crisis line  
185 under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv), the local  
186 mental health authority shall:  
187 (i) collaborate with the statewide mental health crisis line described in Section  
188 [26B-5-610](#);  
189 (ii) ensure that each individual who answers calls to the local mental health crisis line:  
190 (A) is a mental health therapist or a crisis worker; and  
191 (B) meets the standards of care and practice established by the Division of Integrated  
192 Healthcare, in accordance with Section [26B-5-610](#); and  
193 (iii) ensure that when necessary, based on the local mental health crisis line's capacity,  
194 calls are immediately routed to the statewide mental health crisis line to ensure that when an  
195 individual calls the local mental health crisis line, regardless of the time, date, or number of  
196 individuals trying to simultaneously access the local mental health crisis line, a mental health  
197 therapist or a crisis worker answers the call without the caller first:  
198 (A) waiting on hold; or  
199 (B) being screened by an individual other than a mental health therapist or crisis  
200 worker.  
201 (b) If a local mental health authority does not provide for a local mental health crisis  
202 line under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv), the  
203 local mental health authority shall use the statewide mental health crisis line as a local crisis  
204 line resource.  
205 (8) Before disbursing any public funds, each local mental health authority shall require  
206 that each entity that receives any public funds from a local mental health authority agrees in  
207 writing that:  
208 (a) the entity's financial records and other records relevant to the entity's performance  
209 of the services provided to the mental health authority shall be subject to examination by:  
210 (i) the division;  
211 (ii) the local mental health authority director;

212 (iii) (A) the county treasurer and county or district attorney; or  
213 (B) if two or more counties jointly provide mental health services under an agreement  
214 under Subsection (3), the designated treasurer and the designated legal officer;

215 (iv) the county legislative body; and  
216 (v) in a county with a county executive that is separate from the county legislative  
217 body, the county executive;

218 (b) the county auditor may examine and audit the entity's financial and other records  
219 relevant to the entity's performance of the services provided to the local mental health  
220 authority; and

221 (c) the entity will comply with the provisions of Subsection (5)(b).

222 (9) A local mental health authority may receive property, grants, gifts, supplies,  
223 materials, contributions, and any benefit derived therefrom, for mental health services. If those  
224 gifts are conditioned upon their use for a specified service or program, they shall be so used.

225 (10) Public funds received for the provision of services pursuant to the local mental  
226 health plan may not be used for any other purpose except those authorized in the contract  
227 between the local mental health authority and the provider for the provision of plan services.

228 (11) A local mental health authority shall provide assisted outpatient treatment  
229 services[~~as described in Section 26B-5-350;~~] to a resident of the county who has been ordered  
230 under Section 26B-5-351 to receive assisted outpatient treatment.

231 Section 2. Section 26B-5-302.5 is enacted to read:

232 **26B-5-302.5. Study concerning civil commitment and the Utah State Hospital.**

233 (1) (a) The Utah Substance Use and Mental Health Advisory Council shall study and  
234 make recommendations concerning the need for expanded civil commitment capacity in the  
235 state, including an analysis of the anticipated impact that any changes to civil commitment  
236 standards made during the 2024 General Session will have on the number of individuals  
237 subject to civil commitment.

238 (b) The study and recommendations described in Subsection (1)(a) shall also address  
239 the role of the Utah State Hospital in serving patients who are subject to court-ordered  
240 treatment, including civil commitment.

241 (c) The study and recommendations described in Subsection (1)(a) shall also address  
242 any additional resources or services needed to decrease the likelihood that individuals who are



243 subject to court-ordered treatment, including civil commitment, will enter or reenter the Utah  
244 State Hospital or another inpatient facility.

245 (2) The Utah Substance Use and Mental Health Advisory Council shall provide a  
246 report on the study and recommendations described in Subsection (1) to the Judiciary Interim  
247 Committee at or before the committee's October 2024 interim meeting.

248 Section 3. Section **26B-5-331 (Superseded 07/01/24)** is amended to read:

249 **26B-5-331 (Superseded 07/01/24). Temporary commitment -- Requirements and**  
250 **procedures -- Rights.**

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

253 (a) a written application that:

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

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

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

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

267 (A) the adult has a mental illness; and

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

270 (ii) completing a temporary commitment application that:

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

272 (B) states the peace officer's or mental health officer's belief that the adult poses a  
273 substantial danger to self or others;

274 (C) states the specific nature of the danger;

275 (D) provides a summary of the observations upon which the statement of danger is  
276 based; and

277 (E) provides a statement of the facts that called the adult to the peace officer's or  
278 mental health officer's attention.

279 (2) If at any time a patient committed under this section no longer meets the  
280 commitment criteria described in Subsection (1), the local mental health authority or the local  
281 mental health authority's designee shall:

282 (a) document the change and release the patient[-]; and

283 (b) if the patient was admitted under Subsection (1)(b), notify the peace officer or  
284 mental health officer of the patient's release.

285 (3) ~~[(a)]~~ A patient committed under this section may be held for a maximum of ~~[24]~~ 72  
286 hours after commitment, excluding Saturdays, Sundays, and legal holidays, unless:

287 ~~[(i)]~~ (a) as described in Section 26B-5-332, an application for involuntary commitment  
288 is commenced, which may be accompanied by an order of detention described in Subsection  
289 26B-5-332(4); or

290 ~~[(ii)]~~ (b) the patient makes a voluntary application for admission[-or].

291 ~~[(iii) before expiration of the 24 hour period, a licensed physician, licensed physician~~  
292 ~~assistant, licensed nurse practitioner, or designated examiner examines the patient and certifies~~  
293 ~~in writing that:]~~

294 ~~[(A) the patient, due to mental illness, poses a substantial danger to self or others;]~~

295 ~~[(B) additional time is necessary for evaluation and treatment of the patient's mental~~  
296 ~~illness; and]~~

297 ~~[(C) there is no appropriate less-restrictive alternative to commitment to evaluate and~~  
298 ~~treat the patient's mental illness.]~~

299 ~~[(b) A patient described in Subsection (3)(a)(iii) may be held for a maximum of 48~~  
300 ~~hours after the 24 hour period described in Subsection (3)(a) expires, excluding Saturdays,~~  
301 ~~Sundays, and legal holidays.]~~

302 ~~[(c) Subsection (3)(a)(iii) applies to an adult patient.]~~

303 (4) Upon a written application described in Subsection (1)(a) or the observation and  
304 belief described in Subsection (1)(b)(i), the adult shall be:

305 (a) taken into a peace officer's protective custody, by reasonable means, if necessary for  
306 public safety; and

307 (b) transported for temporary commitment to a facility designated by the local mental  
308 health authority, by means of:

309 (i) an ambulance, if the adult meets any of the criteria described in Section 26B-4-119;

310 (ii) an ambulance, if a peace officer is not necessary for public safety, and  
311 transportation arrangements are made by a physician, physician assistant, nurse practitioner,  
312 designated examiner, or mental health officer;

313 (iii) the city, town, or municipal law enforcement authority with jurisdiction over the  
314 location where the adult is present, if the adult is not transported by ambulance;

315 (iv) the county sheriff, if the designated facility is outside of the jurisdiction of the law  
316 enforcement authority described in Subsection (4)(b)(iii) and the adult is not transported by  
317 ambulance; or

318 (v) nonemergency secured behavioral health transport as that term is defined in Section  
319 26B-4-101.

320 (5) Notwithstanding Subsection (4):

321 (a) an individual shall be transported by ambulance to an appropriate medical facility  
322 for treatment if the individual requires physical medical attention;

323 (b) if an officer has probable cause to believe, based on the officer's experience and  
324 de-escalation training that taking an individual into protective custody or transporting an  
325 individual for temporary commitment would increase the risk of substantial danger to the  
326 individual or others, a peace officer may exercise discretion to not take the individual into  
327 custody or transport the individual, as permitted by policies and procedures established by the  
328 officer's law enforcement agency and any applicable federal or state statute, or case law; and

329 (c) if an officer exercises discretion under Subsection (4)(b) to not take an individual  
330 into protective custody or transport an individual, the officer shall document in the officer's  
331 report the details and circumstances that led to the officer's decision.

332 (6) (a) The local mental health authority shall inform an adult patient committed under  
333 this section of the reason for commitment.

334 (b) An adult patient committed under this section has the right to:

335 (i) within three hours after arrival at the local mental health authority, make a

336 telephone call, at the expense of the local mental health authority, to an individual of the  
337 patient's choice; and

338 (ii) see and communicate with an attorney.

339 (7) (a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this  
340 section.

341 (b) This section does not create a special duty of care.

342 (8) (a) A local mental health authority shall provide discharge instructions to each  
343 individual committed under this section at or before the time the individual is discharged from  
344 the local mental health authority's custody, regardless of whether the individual is discharged  
345 by being released, taken into a peace officer's protective custody, transported to a medical  
346 facility or other facility, or other circumstances.

347 (b) Discharge instructions provided under Subsection (8)(a) shall include:

348 (i) a summary of why the individual was committed to the local mental health  
349 authority;

350 (ii) detailed information about why the individual is being discharged from the local  
351 mental health authority's custody;

352 (iii) a safety plan for the individual based on the individual's mental illness or mental or  
353 emotional state;

354 (iv) notification to the individual's primary care provider, if applicable;

355 (v) if the individual is discharged without food, housing, or economic security, a  
356 referral to appropriate services, if such services exist in the individual's community;

357 (vi) the phone number to call or text for a crisis services hotline, and information about  
358 the availability of peer support services;

359 (vii) a copy of any psychiatric advance directive presented to the local mental health  
360 authority, if applicable;

361 (viii) information about how to establish a psychiatric advance directive if one was not  
362 presented to the local mental health authority;

363 (ix) as applicable, information about medications that were changed or discontinued  
364 during the commitment;

365 (x) a list of any screening or diagnostic tests conducted during the commitment;

366 (xi) a summary of therapeutic treatments provided during the commitment;

367 (xii) any laboratory work, including blood samples or imaging, that was completed or  
368 attempted during the commitment; and

369 (xiii) information about how to contact the local mental health authority if needed.

370 (c) If an individual's medications were changed, or if an individual was prescribed new  
371 medications while committed under this section, discharge instructions provided under  
372 Subsection (8)(a) shall include a clinically appropriate supply of medications, as determined by  
373 a licensed health care provider, to allow the individual time to access another health care  
374 provider or follow-up appointment.

375 (d) If an individual refuses to accept discharge instructions, the local mental health  
376 authority shall document the refusal in the individual's medical record.

377 (e) If an individual's discharge instructions include referrals to services under  
378 Subsection (8)(b)(v), the local mental health authority shall document those referrals in the  
379 individual's medical record.

380 (f) The local mental health authority shall attempt to follow up with a discharged  
381 individual at least 48 hours after discharge, and may use peer support professionals when  
382 performing follow-up care or developing a continuing care plan.

383 Section 4. Section **26B-5-331 (Effective 07/01/24)** is amended to read:

384 **26B-5-331 (Effective 07/01/24). Temporary commitment -- Requirements and**  
385 **procedures -- Rights.**

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

388 (a) a written application that:

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

393 (ii) includes a certification by a licensed physician, licensed physician assistant,  
394 licensed nurse practitioner, or designated examiner stating that the physician, physician  
395 assistant, nurse practitioner, or designated examiner has examined the adult within a three-day  
396 period immediately preceding the certification, and that the physician, physician assistant,  
397 nurse practitioner, or designated examiner is of the opinion that, due to mental illness, the adult

398 poses a substantial danger to self or others; or

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

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

402 (A) the adult has a mental illness; and

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

405 (ii) completing a temporary commitment application that:

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

407 (B) states the peace officer's or mental health officer's belief that the adult poses a  
408 substantial danger to self or others;

409 (C) states the specific nature of the danger;

410 (D) provides a summary of the observations upon which the statement of danger is  
411 based; and

412 (E) provides a statement of the facts that called the adult to the peace officer's or  
413 mental health officer's attention.

414 (2) If at any time a patient committed under this section no longer meets the  
415 commitment criteria described in Subsection (1), the local mental health authority or the local  
416 mental health authority's designee shall:

417 (a) document the change and release the patient[-]; and

418 (b) if the patient was admitted under Subsection (1)(b), notify the peace officer or  
419 mental health officer of the patient's release.

420 (3) [~~(a)~~] A patient committed under this section may be held for a maximum of [~~24~~] 72  
421 hours after commitment, excluding Saturdays, Sundays, and legal holidays, unless:

422 [~~(i)~~] (a) as described in Section 26B-5-332, an application for involuntary commitment  
423 is commenced, which may be accompanied by an order of detention described in Subsection  
424 26B-5-332(4); or

425 [~~(ii)~~] (b) the patient makes a voluntary application for admission[~~-or~~].

426 [~~(iii)~~] ~~before expiration of the 24 hour period, a licensed physician, licensed physician~~  
427 ~~assistant, licensed nurse practitioner, or designated examiner examines the patient and certifies~~  
428 ~~in writing that:]~~

429 ~~[(A) the patient, due to mental illness, poses a substantial danger to self or others;]~~

430 ~~[(B) additional time is necessary for evaluation and treatment of the patient's mental~~  
431 ~~illness; and]~~

432 ~~[(C) there is no appropriate less-restrictive alternative to commitment to evaluate and~~  
433 ~~treat the patient's mental illness.]~~

434 ~~[(b) A patient described in Subsection (3)(a)(iii) may be held for a maximum of 48~~  
435 ~~hours after the 24 hour period described in Subsection (3)(a) expires, excluding Saturdays,~~  
436 ~~Sundays, and legal holidays.]~~

437 ~~[(c) Subsection (3)(a)(iii) applies to an adult patient.]~~

438 (4) Upon a written application described in Subsection (1)(a) or the observation and  
439 belief described in Subsection (1)(b)(i), the adult shall be:

440 (a) taken into a peace officer's protective custody, by reasonable means, if necessary for  
441 public safety; and

442 (b) transported for temporary commitment to a facility designated by the local mental  
443 health authority, by means of:

444 (i) an ambulance, if the adult meets any of the criteria described in Section [26B-4-119](#);

445 (ii) an ambulance, if a peace officer is not necessary for public safety, and  
446 transportation arrangements are made by a physician, physician assistant, nurse practitioner,  
447 designated examiner, or mental health officer;

448 (iii) the city, town, or municipal law enforcement authority with jurisdiction over the  
449 location where the adult is present, if the adult is not transported by ambulance;

450 (iv) the county sheriff, if the designated facility is outside of the jurisdiction of the law  
451 enforcement authority described in Subsection (4)(b)(iii) and the adult is not transported by  
452 ambulance; or

453 (v) nonemergency secured behavioral health transport as that term is defined in Section  
454 [53-2d-101](#).

455 (5) Notwithstanding Subsection (4):

456 (a) an individual shall be transported by ambulance to an appropriate medical facility  
457 for treatment if the individual requires physical medical attention;

458 (b) if an officer has probable cause to believe, based on the officer's experience and  
459 de-escalation training that taking an individual into protective custody or transporting an

460 individual for temporary commitment would increase the risk of substantial danger to the  
461 individual or others, a peace officer may exercise discretion to not take the individual into  
462 custody or transport the individual, as permitted by policies and procedures established by the  
463 officer's law enforcement agency and any applicable federal or state statute, or case law; and

464 (c) if an officer exercises discretion under Subsection (4)(b) to not take an individual  
465 into protective custody or transport an individual, the officer shall document in the officer's  
466 report the details and circumstances that led to the officer's decision.

467 (6) (a) The local mental health authority shall inform an adult patient committed under  
468 this section of the reason for commitment.

469 (b) An adult patient committed under this section has the right to:

470 (i) within three hours after arrival at the local mental health authority, make a  
471 telephone call, at the expense of the local mental health authority, to an individual of the  
472 patient's choice; and

473 (ii) see and communicate with an attorney.

474 (7) (a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this  
475 section.

476 (b) This section does not create a special duty of care.

477 (8) (a) A local mental health authority shall provide discharge instructions to each  
478 individual committed under this section at or before the time the individual is discharged from  
479 the local mental health authority's custody, regardless of whether the individual is discharged  
480 by being released, taken into a peace officer's protective custody, transported to a medical  
481 facility or other facility, or other circumstances.

482 (b) Discharge instructions provided under Subsection (8)(a) shall include:

483 (i) a summary of why the individual was committed to the local mental health  
484 authority;

485 (ii) detailed information about why the individual is being discharged from the local  
486 mental health authority's custody;

487 (iii) a safety plan for the individual based on the individual's mental illness or mental or  
488 emotional state;

489 (iv) notification to the individual's primary care provider, if applicable;

490 (v) if the individual is discharged without food, housing, or economic security, a



- 491 referral to appropriate services, if such services exist in the individual's community;  
492 (vi) the phone number to call or text for a crisis services hotline, and information about  
493 the availability of peer support services;  
494 (vii) a copy of any psychiatric advance directive presented to the local mental health  
495 authority, if applicable;  
496 (viii) information about how to establish a psychiatric advance directive if one was not  
497 presented to the local mental health authority;  
498 (ix) as applicable, information about medications that were changed or discontinued  
499 during the commitment;  
500 (x) a list of any screening or diagnostic tests conducted during the commitment;  
501 (xi) a summary of therapeutic treatments provided during the commitment;  
502 (xii) any laboratory work, including blood samples or imaging, that was completed or  
503 attempted during the commitment; and  
504 (xiii) information about how to contact the local mental health authority if needed.  
505 (c) If an individual's medications were changed, or if an individual was prescribed new  
506 medications while committed under this section, discharge instructions provided under  
507 Subsection (8)(a) shall include a clinically appropriate supply of medications, as determined by  
508 a licensed health care provider, to allow the individual time to access another health care  
509 provider or follow-up appointment.  
510 (d) If an individual refuses to accept discharge instructions, the local mental health  
511 authority shall document the refusal in the individual's medical record.  
512 (e) If an individual's discharge instructions include referrals to services under  
513 Subsection (8)(b)(v), the local mental health authority shall document those referrals in the  
514 individual's medical record.  
515 (f) The local mental health authority shall attempt to follow up with a discharged  
516 individual at least 48 hours after discharge, and may use peer support professionals when  
517 performing follow-up care or developing a continuing care plan.

518 *The following section is affected by a coordination clause at the end of this bill.*

519 Section 5. Section **26B-5-332** is amended to read:

520 **26B-5-332. Involuntary commitment under court order -- Examination --**  
521 **Hearing -- Power of court -- Findings required -- Costs.**

522 (1) A responsible individual who has credible knowledge of an adult's mental illness  
523 and the condition or circumstances that have led to the adult's need to be involuntarily  
524 committed may initiate an involuntary commitment court proceeding by filing, in the court in  
525 the county where the proposed patient resides or is found, a written application that includes:

526 (a) unless the court finds that the information is not reasonably available, the proposed  
527 patient's:

528 (i) name;

529 (ii) date of birth; and

530 (iii) social security number;

531 (b) (i) a certificate of a licensed physician or a designated examiner stating that within  
532 the seven-day period immediately preceding the certification, the physician or designated  
533 examiner examined the proposed patient and is of the opinion that the proposed patient has a  
534 mental illness and should be involuntarily committed; or

535 (ii) a written statement by the applicant that:

536 (A) the proposed patient has been requested to, but has refused to, submit to an  
537 examination of mental condition by a licensed physician or designated examiner;

538 (B) is sworn to under oath; and

539 (C) states the facts upon which the application is based; and

540 (c) a statement whether the proposed patient has previously been under an assisted  
541 outpatient treatment order, if known by the applicant.

542 (2) Before issuing a judicial order, the court:

543 (a) shall require the applicant to consult with the appropriate local mental health  
544 authority at or before the hearing; and

545 (b) may direct a mental health professional from the local mental health authority to  
546 interview the applicant and the proposed patient to determine the existing facts and report the  
547 existing facts to the court.

548 (3) The court may issue an order, directed to a mental health officer or peace officer, to  
549 immediately place a proposed patient in the custody of a local mental health authority or in a  
550 temporary emergency facility, as described in Section [26B-5-334](#), to be detained for the  
551 purpose of examination if:

552 (a) the court finds from the application, any other statements under oath, or any reports

553 from a mental health professional that there is a reasonable basis to believe that the proposed  
554 patient has a mental illness that poses a danger to self or others and requires involuntary  
555 commitment pending examination and hearing; or

556 (b) the proposed patient refuses to submit to an interview with a mental health  
557 professional as directed by the court or to go to a treatment facility voluntarily.

558 (4) (a) The court shall provide notice of commencement of proceedings for involuntary  
559 commitment, setting forth the allegations of the application and any reported facts, together  
560 with a copy of any official order of detention, to a proposed patient before, or upon, placement  
561 of the proposed patient in the custody of a local mental health authority or, with respect to any  
562 proposed patient presently in the custody of a local mental health authority whose status is  
563 being changed from voluntary to involuntary, upon the filing of an application for that purpose  
564 with the court.

565 (b) The place of detention shall maintain a copy of the order of detention.

566 (5) (a) The court shall provide notice of commencement of proceedings for involuntary  
567 commitment as soon as practicable to the applicant, any legal guardian, any immediate adult  
568 family members, legal counsel for the parties involved, the local mental health authority or the  
569 local mental health authority's designee, and any other persons whom the proposed patient or  
570 the court designates.

571 (b) Except as provided in Subsection (5)(c), the notice under Subsection (5)(a) shall  
572 advise the persons that a hearing may be held within the time provided by law.

573 (c) If the proposed patient refuses to permit release of information necessary for  
574 provisions of notice under this subsection, the court shall determine the extent of notice.

575 (6) Proceedings for commitment of an individual under 18 years old to a local mental  
576 health authority may be commenced in accordance with Part 4, Commitment of Persons Under  
577 Age 18.

578 (7) (a) The court may, in the court's discretion, transfer the case to any other district  
579 court within this state, if the transfer will not be adverse to the interest of the proposed patient.

580 (b) If a case is transferred under Subsection (7)(a), the parties to the case may be  
581 transferred and the local mental health authority may be substituted in accordance with Utah  
582 Rules of Civil Procedure, Rule 25.

583 (8) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance

584 of a judicial order, or after commitment of a proposed patient to a local mental health authority  
585 or the local mental health authority's designee under court order for detention or examination,  
586 the court shall appoint two designated examiners:

587 (a) who did not sign the civil commitment application nor the civil commitment  
588 certification under Subsection (1);

589 (b) one of whom is a licensed physician; and

590 (c) one of whom may be designated by the proposed patient or the proposed patient's  
591 counsel, if that designated examiner is reasonably available.

592 (9) The court shall schedule a hearing to be held within 10 calendar days after the day  
593 on which the designated examiners are appointed.

594 (10) (a) The designated examiners shall:

595 (i) conduct the examinations separately;

596 (ii) conduct the examinations at the home of the proposed patient, at a hospital or other  
597 medical facility, or at any other suitable place, including through telehealth, that is not likely to  
598 have a harmful effect on the proposed patient's health;

599 (iii) inform the proposed patient, if not represented by an attorney:

600 (A) that the proposed patient does not have to say anything;

601 (B) of the nature and reasons for the examination;

602 (C) that the examination was ordered by the court;

603 (D) that any information volunteered could form part of the basis for the proposed  
604 patient's involuntary commitment;

605 (E) that findings resulting from the examination will be made available to the court;

606 and

607 (F) that the designated examiner may, under court order, obtain the proposed patient's  
608 mental health records; and

609 (iv) within 24 hours of examining the proposed patient, report to the court, orally or in  
610 writing, whether the proposed patient is mentally ill, has agreed to voluntary commitment, as  
611 described in Section [26B-5-360](#), or has acceptable programs available to the proposed patient  
612 without court proceedings.

613 (b) If a designated examiner reports orally under Subsection (10)(a), the designated  
614 examiner shall immediately send a written report to the clerk of the court.

615 (11) If a designated examiner is unable to complete an examination on the first attempt  
616 because the proposed patient refuses to submit to the examination, the court shall fix a  
617 reasonable compensation to be paid to the examiner.

618 (12) If the local mental health authority, the local mental health authority's designee, or  
619 a medical examiner determines before the court hearing that the conditions justifying the  
620 findings leading to a commitment hearing no longer exist, the local mental health authority, the  
621 local mental health authority's designee, or the medical examiner shall immediately report the  
622 determination to the court.

623 (13) The court may terminate the proceedings and dismiss the application at any time,  
624 including before the hearing, if the designated examiners or the local mental health authority or  
625 the local mental health authority's designee informs the court that the proposed patient:

- 626 (a) does not meet the criteria in Subsection (16);
- 627 (b) has agreed to voluntary commitment, as described in Section 26B-5-360;
- 628 (c) has acceptable options for treatment programs that are available without court  
629 proceedings; or
- 630 (d) meets the criteria for assisted outpatient treatment described in Section 26B-5-351.

631 (14) (a) Before the hearing, the court shall provide the proposed patient an opportunity  
632 to be represented by counsel, and if neither the proposed patient nor others provide counsel, the  
633 court shall appoint counsel and allow counsel sufficient time to consult with the proposed  
634 patient before the hearing.

635 (b) In the case of an indigent proposed patient, the county in which the proposed  
636 patient resides or is found shall make payment of reasonable attorney fees for counsel, as  
637 determined by the court.

638 (15) (a) (i) The court shall afford the proposed patient, the applicant, and any other  
639 person to whom notice is required to be given an opportunity to appear at the hearing, to  
640 testify, and to present and cross-examine witnesses.

641 (ii) The court may, in the court's discretion, receive the testimony of any other person.

642 (iii) The court may allow a waiver of the proposed patient's right to appear for good  
643 cause, which cause shall be set forth in the record, or an informed waiver by the patient, which  
644 shall be included in the record.

645 (b) The court is authorized to exclude any person not necessary for the conduct of the

646 proceedings and may, upon motion of counsel, require the testimony of each designated  
647 examiner to be given out of the presence of any other designated examiners.

648 (c) The court shall conduct the hearing in as informal a manner as may be consistent  
649 with orderly procedure, and in a physical setting that is not likely to have a harmful effect on  
650 the mental health of the proposed patient, while preserving the due process rights of the  
651 proposed patient.

652 (d) The court shall consider any relevant historical and material information that is  
653 offered, subject to the rules of evidence, including reliable hearsay under Utah Rules of  
654 Evidence, Rule 1102.

655 (e) (i) A local mental health authority or the local mental health authority's designee or  
656 the physician in charge of the proposed patient's care shall, at the time of the hearing, provide  
657 the court with the following information:

658 (A) the detention order;

659 (B) admission notes;

660 (C) the diagnosis;

661 (D) any doctors' orders;

662 (E) progress notes;

663 (F) nursing notes;

664 (G) medication records pertaining to the current commitment; and

665 (H) whether the proposed patient has previously been civilly committed or under an  
666 order for assisted outpatient treatment.

667 (ii) The information described in Subsection (15)(e)(i) shall also be supplied to the  
668 proposed patient's counsel at the time of the hearing, and at any time prior to the hearing upon  
669 request.

670 (16) (a) The court shall order commitment of an adult proposed patient to a local  
671 mental health authority if, upon completion of the hearing and consideration of the information  
672 presented, the court finds by clear and convincing evidence that:

673 (i) ~~[the proposed patient has a mental illness]~~ as a result of mental illness and based on  
674 recent actions, omissions, or behaviors, the proposed patient:[:]

675 (A) poses a substantial danger to self or others; or

676 (B) lacks the ability to engage in a rational decision-making process regarding the

677 acceptance of mental treatment as demonstrated by evidence of inability to weigh the possible  
678 risks of accepting or rejecting treatment;

679 ~~[(ii) because of the proposed patient's mental illness the proposed patient poses a~~  
680 ~~substantial danger to self or others;]~~

681 ~~[(iii) the proposed patient lacks the ability to engage in a rational decision-making~~  
682 ~~process regarding the acceptance of mental treatment as demonstrated by evidence of inability~~  
683 ~~to weigh the possible risks of accepting or rejecting treatment;]~~

684 ~~[(iv)]~~ (ii) there is no appropriate less-restrictive alternative to a court order of  
685 commitment; and

686 ~~[(v)]~~ (iii) the local mental health authority can provide the proposed patient with  
687 treatment that is adequate and appropriate to the proposed patient's conditions and needs.

688 (b) (i) If, at the hearing, the court determines that the proposed patient has a mental  
689 illness but does not meet the other criteria described in Subsection (16)(a), the court may  
690 consider whether the proposed patient meets the criteria for assisted outpatient treatment under  
691 Section 26B-5-351.

692 (ii) The court may order the proposed patient to receive assisted outpatient treatment in  
693 accordance with Section 26B-5-351 if, at the hearing, the court finds the proposed patient  
694 meets the criteria for assisted outpatient treatment under Section 26B-5-351.

695 (iii) If the court determines that neither the criteria for commitment under Subsection  
696 (16)(a) nor the criteria for assisted outpatient treatment under Section 26B-5-351 are met, the  
697 court shall dismiss the proceedings after the hearing.

698 (c) The court shall maintain a list of patients proposed for civil commitment who  
699 qualify for civil commitment under Subsections (16)(a)(i) and (ii), but for whom the local  
700 mental health authority is unable to provide treatment as described in Subsection (16)(a)(iii).

701 (17) (a) (i) The order of commitment shall designate the period for which the patient  
702 shall be treated.

703 (ii) If the patient is not under an order of commitment at the time of the hearing, the  
704 patient's treatment period may not exceed six months without a review hearing.

705 (iii) Upon a review hearing, to be commenced before the expiration of the previous  
706 order of commitment, an order for commitment may be for an indeterminate period, if the court  
707 finds by clear and convincing evidence that the criteria described in Subsection (16) will last

708 for an indeterminate period.

709 (b) (i) The court shall maintain a current list of all patients under the court's order of  
710 commitment and review the list to determine those patients who have been under an order of  
711 commitment for the court designated period.

712 (ii) At least two weeks before the expiration of the designated period of any order of  
713 commitment still in effect, the court that entered the original order of commitment shall inform  
714 the appropriate local mental health authority or the local mental health authority's designee of  
715 the expiration.

716 (iii) Upon receipt of the information described in Subsection (17)(b)(ii), the local  
717 mental health authority or the local mental health authority's designee shall immediately  
718 reexamine the reasons upon which the order of commitment was based.

719 (iv) If, after reexamination under Subsection (17)(b)(iii), the local mental health  
720 authority or the local mental health authority's designee determines that the conditions  
721 justifying commitment no longer exist, the local mental health authority or the local mental  
722 health authority's designee shall discharge the patient from involuntary commitment and  
723 immediately report the discharge to the court.

724 (v) If, after reexamination under Subsection (17)(b)(iii), the local mental health  
725 authority or the local mental health authority's designee determines that the conditions  
726 justifying commitment continue to exist, the court shall immediately appoint two designated  
727 examiners and proceed under Subsections (8) through (14).

728 (c) (i) The local mental health authority or the local mental health authority's designee  
729 responsible for the care of a patient under an order of commitment for an indeterminate period  
730 shall, at six-month intervals, reexamine the reasons upon which the order of indeterminate  
731 commitment was based.

732 (ii) If the local mental health authority or the local mental health authority's designee  
733 determines that the conditions justifying commitment no longer exist, the local mental health  
734 authority or the local mental health authority's designee shall discharge the patient from the  
735 local mental health authority's or the local mental health authority designee's custody and  
736 immediately report the discharge to the court.

737 (iii) If the local mental health authority or the local mental health authority's designee  
738 determines that the conditions justifying commitment continue to exist, the local mental health



739 authority or the local mental health authority's designee shall send a written report of the  
740 findings to the court.

741 (iv) A patient and the patient's counsel of record shall be notified in writing that the  
742 involuntary commitment will be continued under Subsection (17)(c)(iii), the reasons for the  
743 decision to continue, and that the patient has the right to a review hearing by making a request  
744 to the court.

745 (v) Upon receiving a request under Subsection (17)(c)(iv), the court shall immediately  
746 appoint two designated examiners and proceed under Subsections (8) through (14).

747 (18) (a) Any patient committed as a result of an original hearing or a patient's legally  
748 designated representative who is aggrieved by the findings, conclusions, and order of the court  
749 entered in the original hearing has the right to a new hearing upon a petition filed with the court  
750 within 30 days after the day on which the court order is entered.

751 (b) The petition shall allege error or mistake in the findings, in which case the court  
752 shall appoint three impartial designated examiners previously unrelated to the case to conduct  
753 an additional examination of the patient.

754 (c) Except as provided in Subsection (18)(b), the court shall, in all other respects,  
755 conduct the new hearing in the manner otherwise permitted.

756 (19) The county in which the proposed patient resides or is found shall pay the costs of  
757 all proceedings under this section.

758 (20) (a) A local mental health authority shall provide discharge instructions to each  
759 individual committed under this section at or before the time the individual is discharged from  
760 the local mental health authority's custody, regardless of the circumstances under which the  
761 individual is discharged.

762 (b) Discharge instructions provided under Subsection (20)(a) shall include:

763 (i) a summary of why the individual was committed to the local mental health  
764 authority;

765 (ii) detailed information about why the individual is being discharged from the local  
766 mental health authority's custody;

767 (iii) a safety plan for the individual based on the individual's mental illness or mental or  
768 emotional state;

769 (iv) notification to the individual's primary care provider, if applicable;

770 (v) if the individual is discharged without food, housing, or economic security, a  
771 referral to appropriate services, if such services exist in the individual's community;

772 (vi) the phone number to call or text for a crisis services hotline, and information about  
773 the availability of peer support services;

774 (vii) a copy of any psychiatric advance directive presented to the local mental health  
775 authority, if applicable;

776 (viii) information about how to establish a psychiatric advance directive if one was not  
777 presented to the local mental health authority;

778 (ix) as applicable, information about medications that were changed or discontinued  
779 during the commitment;

780 (x) a list of any screening or diagnostic tests conducted during the commitment;

781 (xi) a summary of therapeutic treatments provided during the commitment;

782 (xii) any laboratory work, including blood samples or imaging, that was completed or  
783 attempted during the commitment; and

784 (xiii) information about how to contact the local mental health authority if needed.

785 (c) If an individual's medications were changed, or if an individual was prescribed new  
786 medications while committed under this section, discharge instructions provided under  
787 Subsection (20)(a) shall include a clinically appropriate supply of medications, as determined  
788 by a licensed health care provider, to allow the individual time to access another health care  
789 provider or follow-up appointment.

790 (d) If an individual refuses to accept discharge instructions, the local mental health  
791 authority shall document the refusal in the individual's medical record.

792 (e) If an individual's discharge instructions include referrals to services under  
793 Subsection (20)(b)(v), the local mental health authority shall document those referrals in the  
794 individual's medical record.

795 (f) The local mental health authority shall attempt to follow up with a discharged  
796 individual at least 48 hours after discharge, and may use peer support professionals when  
797 performing follow-up care or developing a continuing care plan.

798 Section 6. Section **26B-5-351** is amended to read:

799 **26B-5-351. Assisted outpatient treatment proceedings.**

800 (1) A responsible individual who has credible knowledge of an adult's mental illness

801 and the condition or circumstances that have led to the adult's need for assisted outpatient  
802 treatment may file, in the court in the county where the proposed patient resides or is found, a  
803 written application that includes:

804 (a) unless the court finds that the information is not reasonably available, the proposed  
805 patient's:

806 (i) name;

807 (ii) date of birth; and

808 (iii) social security number; and

809 (b) (i) a certificate of a licensed physician or a designated examiner stating that within  
810 the seven-day period immediately preceding the certification, the physician or designated  
811 examiner examined the proposed patient and is of the opinion that the proposed patient has a  
812 mental illness and should be involuntarily committed; or

813 (ii) a written statement by the applicant that:

814 (A) the proposed patient has been requested to, but has refused to, submit to an  
815 examination of mental condition by a licensed physician or designated examiner;

816 (B) is sworn to under oath; and

817 (C) states the facts upon which the application is based.

818 (2) (a) Subject to Subsection (2)(b), before issuing a judicial order, the court may  
819 require the applicant to consult with the appropriate local mental health authority, and the court  
820 may direct a mental health professional from that local mental health authority to interview the  
821 applicant and the proposed patient to determine the existing facts and report them to the court.

822 (b) The consultation described in Subsection (2)(a):

823 (i) may take place at or before the hearing; and

824 (ii) is required if the local mental health authority appears at the hearing.

825 (3) If the proposed patient refuses to submit to an interview described in Subsection  
826 (2)(a) or an examination described in Subsection (8), the court may issue an order, directed to a  
827 mental health officer or peace officer, to immediately place the proposed patient into the  
828 custody of a local mental health authority or in a temporary emergency facility, as provided in  
829 Section [26B-5-334](#), to be detained for the purpose of examination.

830 (4) Notice of commencement of proceedings for assisted outpatient treatment, setting  
831 forth the allegations of the application and any reported facts, together with a copy of any

832 official order of detention, shall:

833 (a) be provided by the court to a proposed patient before, or upon, placement into the  
834 custody of a local mental health authority or, with respect to any proposed patient presently in  
835 the custody of a local mental health authority;

836 (b) be maintained at the proposed patient's place of detention, if any;

837 (c) be provided by the court as soon as practicable to the applicant, any legal guardian,  
838 any immediate adult family members, legal counsel for the parties involved, the local mental  
839 health authority or its designee, and any other person whom the proposed patient or the court  
840 shall designate; and

841 (d) advise that a hearing may be held within the time provided by law.

842 (5) The court may, in its discretion, transfer the case to any other court within this state,  
843 provided that the transfer will not be adverse to the interest of the proposed patient.

844 (6) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance  
845 of a judicial order, or after commitment of a proposed patient to a local mental health authority  
846 or its designee under court order for detention in order to complete an examination, the court  
847 shall appoint two designated examiners:

848 (a) who did not sign the assisted outpatient treatment application nor the certification  
849 described in Subsection (1);

850 (b) one of whom is a licensed physician; and

851 (c) one of whom may be designated by the proposed patient or the proposed patient's  
852 counsel, if that designated examiner is reasonably available.

853 (7) The court shall schedule a hearing to be held within 10 calendar days of the day on  
854 which the designated examiners are appointed.

855 (8) The designated examiners shall:

856 (a) conduct their examinations separately;

857 (b) conduct the examinations at the home of the proposed patient, at a hospital or other  
858 medical facility, or at any other suitable place that is not likely to have a harmful effect on the  
859 proposed patient's health;

860 (c) inform the proposed patient, if not represented by an attorney:

861 (i) that the proposed patient does not have to say anything;

862 (ii) of the nature and reasons for the examination;

863 (iii) that the examination was ordered by the court;

864 (iv) that any information volunteered could form part of the basis for the proposed  
865 patient to be ordered to receive assisted outpatient treatment; and

866 (v) that findings resulting from the examination will be made available to the court;  
867 and

868 (d) within 24 hours of examining the proposed patient, report to the court, orally or in  
869 writing, whether the proposed patient is mentally ill. If the designated examiner reports orally,  
870 the designated examiner shall immediately send a written report to the clerk of the court.

871 (9) If a designated examiner is unable to complete an examination on the first attempt  
872 because the proposed patient refuses to submit to the examination, the court shall fix a  
873 reasonable compensation to be paid to the examiner.

874 (10) If the local mental health authority, its designee, or a medical examiner determines  
875 before the court hearing that the conditions justifying the findings leading to an assisted  
876 outpatient treatment hearing no longer exist, the local mental health authority, its designee, or  
877 the medical examiner shall immediately report that determination to the court.

878 (11) The court may terminate the proceedings and dismiss the application at any time,  
879 including prior to the hearing, if the designated examiners or the local mental health authority  
880 or its designee informs the court that the proposed patient does not meet the criteria in  
881 Subsection (14).

882 (12) Before the hearing, an opportunity to be represented by counsel shall be afforded  
883 to the proposed patient, and if neither the proposed patient nor others provide counsel, the court  
884 shall appoint counsel and allow counsel sufficient time to consult with the proposed patient  
885 before the hearing. In the case of an indigent proposed patient, the payment of reasonable  
886 attorney fees for counsel, as determined by the court, shall be made by the county in which the  
887 proposed patient resides or is found.

888 (13) (a) All persons to whom notice is required to be given shall be afforded an  
889 opportunity to appear at the hearing, to testify, and to present and cross-examine witnesses. The  
890 court may, in its discretion, receive the testimony of any other individual. The court may allow  
891 a waiver of the proposed patient's right to appear for good cause, which cause shall be set forth  
892 in the record, or an informed waiver by the patient, which shall be included in the record.

893 (b) The court is authorized to exclude all individuals not necessary for the conduct of

894 the proceedings and may, upon motion of counsel, require the testimony of each examiner to be  
895 given out of the presence of any other examiners.

896 (c) The hearing shall be conducted in as informal a manner as may be consistent with  
897 orderly procedure, and in a physical setting that is not likely to have a harmful effect on the  
898 mental health of the proposed patient.

899 (d) The court shall consider all relevant historical and material information that is  
900 offered, subject to the rules of evidence, including reliable hearsay under Rule 1102, Utah  
901 Rules of Evidence.

902 (e) (i) A local mental health authority or its designee, or the physician in charge of the  
903 proposed patient's care shall, at the time of the hearing, provide the court with the following  
904 information:

- 905 (A) the detention order, if any;
- 906 (B) admission notes, if any;
- 907 (C) the diagnosis, if any;
- 908 (D) doctor's orders, if any;
- 909 (E) progress notes, if any;
- 910 (F) nursing notes, if any; and
- 911 (G) medication records, if any.

912 (ii) The information described in Subsection (13)(e)(i) shall also be provided to the  
913 proposed patient's counsel:

- 914 (A) at the time of the hearing; and
- 915 (B) at any time prior to the hearing, upon request.

916 (14) The court shall order a proposed patient to assisted outpatient treatment if, upon  
917 completion of the hearing and consideration of the information presented, the court finds by  
918 clear and convincing evidence that:

919 (a) [the proposed patient has] as a result of a mental illness and based on recent actions,  
920 omissions, or behaviors, the proposed patient:

921 (i) lacks the ability to engage in a rational decision-making process regarding the  
922 acceptance of mental health treatment, as demonstrated by evidence of inability to weigh the  
923 possible risks of accepting or rejecting treatment; or

924 (ii) needs assisted outpatient treatment in order to prevent relapse or deterioration that

925 is likely to result in the proposed patient posing a substantial danger to self or others; and

926 (b) there is no appropriate less-restrictive alternative to a court order for assisted  
927 outpatient treatment~~[-and].~~

928 ~~[(c) (i) the proposed patient lacks the ability to engage in a rational decision-making~~  
929 ~~process regarding the acceptance of mental health treatment, as demonstrated by evidence of~~  
930 ~~inability to weigh the possible risks of accepting or rejecting treatment; or]~~

931 ~~[(ii) the proposed patient needs assisted outpatient treatment in order to prevent relapse~~  
932 ~~or deterioration that is likely to result in the proposed patient posing a substantial danger to self~~  
933 ~~or others.]]~~

934 (15) A court order for assisted outpatient treatment does not create an independent  
935 authority to forcibly medicate a patient.

936 (16) The court may order the applicant or a close relative of the patient to be the  
937 patient's personal representative, as described in 45 C.F.R. Sec. 164.502(g), for purposes of the  
938 patient's mental health treatment.

939 ~~[(16)]~~ (17) In the absence of the findings described in Subsection (14), the court, after  
940 the hearing, shall dismiss the proceedings.

941 ~~[(17)]~~ (18) (a) The assisted outpatient treatment order shall designate the period for  
942 which the patient shall be treated, which may not exceed 12 months without a review hearing.

943 (b) At a review hearing, the court may extend the duration of an assisted outpatient  
944 treatment order by up to 12 months, if:

945 (i) the court finds by clear and convincing evidence that the patient meets the  
946 conditions described in Subsection (14); or

947 (ii) (A) the patient does not appear at the review hearing;

948 (B) notice of the review hearing was provided to the patient's last known address by the  
949 applicant described in Subsection (1) or by a local mental health authority; and

950 (C) the patient has appeared in court or signed an informed waiver within the previous  
951 18 months.

952 (c) The court shall maintain a current list of all patients under its order of assisted  
953 outpatient treatment.

954 (d) At least two weeks prior to the expiration of the designated period of any assisted  
955 outpatient treatment order still in effect, the court that entered the original order shall inform

956 the appropriate local mental health authority or its designee.

957       ~~[(18)]~~ (19) Costs of all proceedings under this section shall be paid by the county in  
958 which the proposed patient resides or is found.

959       ~~[(19)]~~ (20) A court may not hold an individual in contempt for failure to comply with  
960 an assisted outpatient treatment order.

961       ~~[(20)]~~ (21) As provided in Section [31A-22-651](#), a health insurance provider may not  
962 deny an insured the benefits of the insured's policy solely because the health care that the  
963 insured receives is provided under a court order for assisted outpatient treatment.

964       Section 7. Section **26B-6-607** is amended to read:

965       **26B-6-607. Temporary emergency commitment -- Observation and evaluation.**

966       (1) The director of the division or his designee may temporarily commit an individual  
967 to the division and therefore, as a matter of course, to an intermediate care facility for people  
968 with an intellectual disability for observation and evaluation upon:

969       (a) written application by a responsible person who has reason to know that the  
970 individual is in need of commitment, stating:

971       (i) a belief that the individual has an intellectual disability and is likely to cause serious  
972 injury to self or others if not immediately committed;

973       (ii) personal knowledge of the individual's condition; and

974       (iii) the circumstances supporting that belief; or

975       (b) certification by a licensed physician or designated intellectual disability

976 professional stating that the physician or designated intellectual disability professional:

977       (i) has examined the individual within a three-day period immediately preceding the  
978 certification; and

979       (ii) is of the opinion that the individual has an intellectual disability, and that because  
980 of the individual's intellectual disability is likely to injure self or others if not immediately  
981 committed.

982       (2) If the individual in need of commitment is not placed in the custody of the director  
983 or the director's designee by the person submitting the application, the director's or the  
984 director's designee may certify, either in writing or orally that the individual is in need of  
985 immediate commitment to prevent injury to self or others.

986       (3) Upon receipt of the application required by Subsection (1)(a) and the certifications



987 required by Subsections (1)(b) and (2), a peace officer may take the individual named in the  
988 application and certificates into custody, and may transport the individual to a designated  
989 intermediate care facility for people with an intellectual disability.

990 (4) (a) An individual committed under this section may be held for a maximum of [24]  
991 72 hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that time, the  
992 individual shall be released unless proceedings for involuntary commitment have been  
993 commenced under Section [26B-6-608](#).

994 (b) After proceedings for involuntary commitment have been commenced the  
995 individual shall be released unless an order of detention is issued in accordance with Section  
996 [26B-6-608](#).

997 (5) If an individual is committed to the division under this section on the application of  
998 any person other than the individual's legal guardian, spouse, parent, or next of kin, the director  
999 or his designee shall immediately give notice of the commitment to the individual's legal  
1000 guardian, spouse, parent, or next of kin, if known.

1001 (6) (a) The division or an intermediate care facility shall provide discharge instructions  
1002 to each individual committed under this section at or before the time the individual is  
1003 discharged from the custody of the division or intermediate care facility, regardless of whether  
1004 the individual is discharged by being released or under other circumstances.

1005 (b) Discharge instructions provided under Subsection (6)(a) shall include:

1006 (i) a summary of why the individual was committed;

1007 (ii) detailed information about why the individual is being discharged;

1008 (iii) a safety plan for the individual based on the individual's intellectual disability and  
1009 condition;

1010 (iv) notification to the individual's primary care provider, if applicable;

1011 (v) if the individual is discharged without food, housing, or economic security, a  
1012 referral to appropriate services, if such services exist in the individual's community;

1013 (vi) the phone number to call or text for a crisis services hotline, and information about  
1014 the availability of peer support services;

1015 (vii) a copy of any advance directive presented to the local mental health authority, if  
1016 applicable;

1017 (viii) information about how to establish an advance directive if one was not presented

1018 to the division or intermediate care facility;

1019 (ix) as applicable, information about medications that were changed or discontinued  
1020 during the commitment;

1021 (x) a list of any screening or diagnostic tests conducted during the commitment;

1022 (xi) a summary of therapeutic treatments provided during the commitment;

1023 (xii) any laboratory work, including blood samples or imaging, that was completed or  
1024 attempted during the commitment; and

1025 (xiii) information about how to contact the division or intermediate care facility if  
1026 needed.

1027 (c) If an individual's medications were changed, or if an individual was prescribed new  
1028 medications while committed under this section, discharge instructions provided under  
1029 Subsection (6)(a) shall include a clinically appropriate supply of medications, as determined by  
1030 a licensed health care provider, to allow the individual time to access another health care  
1031 provider or follow-up appointment.

1032 (d) If an individual refuses to accept discharge instructions, the division or intermediate  
1033 care facility shall document the refusal in the individual's medical record.

1034 (e) If an individual's discharge instructions include referrals to services under  
1035 Subsection (6)(b)(v), the division or intermediate care facility shall document those referrals in  
1036 the individual's medical record.

1037 (f) The division shall attempt to follow up with a discharged individual at least 48  
1038 hours after discharge, and may use peer support professionals when performing follow-up care  
1039 or developing a continuing care plan.

1040 Section 8. Section **26B-6-608** is amended to read:

1041 **26B-6-608. Involuntary commitment -- Procedures -- Necessary findings --**  
1042 **Periodic review.**

1043 (1) Any responsible person who has reason to know that an individual is in need of  
1044 commitment, who has a belief that the individual has an intellectual disability, and who has  
1045 personal knowledge of the conditions and circumstances supporting that belief, may commence  
1046 proceedings for involuntary commitment by filing a written petition with the district court, or if  
1047 the subject of the petition is less than 18 years old with the juvenile court, of the county in  
1048 which the individual to be committed is physically located at the time the petition is filed. The

1049 application shall be accompanied by:

1050 (a) a certificate of a licensed physician or a designated intellectual disability  
1051 professional, stating that within a seven-day period immediately preceding the certification, the  
1052 physician or designated intellectual disability professional examined the individual and  
1053 believes that the individual has an intellectual disability and is in need of involuntary  
1054 commitment; or

1055 (b) a written statement by the petitioner that:

1056 (i) states that the individual was requested to, but refused to, submit to an examination  
1057 for an intellectual disability by a licensed physician or designated intellectual disability  
1058 professional, and that the individual refuses to voluntarily go to the division or an intermediate  
1059 care facility for people with an intellectual disability recommended by the division for  
1060 treatment;

1061 (ii) is under oath; and

1062 (iii) sets forth the facts on which the statement is based.

1063 (2) Before issuing a detention order, the court may require the petitioner to consult  
1064 with personnel at the division or at an intermediate care facility for people with an intellectual  
1065 disability and may direct a designated intellectual disability professional to interview the  
1066 petitioner and the individual to be committed, to determine the existing facts, and to report  
1067 them to the court.

1068 (3) The court may issue a detention order and may direct a peace officer to immediately  
1069 take the individual to an intermediate care facility for people with an intellectual disability to  
1070 be detained for purposes of an examination if the court finds from the petition, from other  
1071 statements under oath, or from reports of physicians or designated intellectual disability  
1072 professionals that there is a reasonable basis to believe that the individual to be committed:

1073 (a) poses an immediate danger of physical injury to self or others;

1074 (b) requires involuntary commitment pending examination and hearing;

1075 (c) the individual was requested but refused to submit to an examination by a licensed  
1076 physician or designated intellectual disability professional; or

1077 (d) the individual refused to voluntarily go to the division or to an intermediate care  
1078 facility for people with an intellectual disability recommended by the division.

1079 (4) (a) If the court issues a detention order based on an application that did not include

1080 a certification by a designated intellectual disability professional or physician in accordance  
1081 with Subsection (1)(a), the director or his designee shall within 24 hours after issuance of the  
1082 detention order, excluding Saturdays, Sundays, and legal holidays, examine the individual,  
1083 report the results of the examination to the court and inform the court:

1084 (i) whether the director or his designee believes that the individual has an intellectual  
1085 disability; and

1086 (ii) whether appropriate treatment programs are available and will be used by the  
1087 individual without court proceedings.

1088 (b) If the report of the director or his designee is based on an oral report of the  
1089 examiner, the examiner shall immediately send the results of the examination in writing to the  
1090 clerk of the court.

1091 (5) Immediately after an individual is involuntarily committed under a detention order  
1092 or under Section [26B-6-607](#), the director or his designee shall inform the individual, orally and  
1093 in writing, of his right to communicate with an attorney. If an individual desires to  
1094 communicate with an attorney, the director or his designee shall take immediate steps to assist  
1095 the individual in contacting and communicating with an attorney.

1096 (6) (a) Immediately after commencement of proceedings for involuntary commitment,  
1097 the court shall give notice of commencement of the proceedings to:

1098 (i) the individual to be committed;

1099 (ii) the applicant;

1100 (iii) any legal guardian of the individual;

1101 (iv) adult members of the individual's immediate family;

1102 (v) legal counsel of the individual to be committed, if any;

1103 (vi) the division; and

1104 (vii) any other person to whom the individual requests, or the court designates, notice  
1105 to be given.

1106 (b) If an individual cannot or refuses to disclose the identity of persons to be notified,  
1107 the extent of notice shall be determined by the court.

1108 (7) That notice shall:

1109 (a) set forth the allegations of the petition and all supporting facts;

1110 (b) be accompanied by a copy of any detention order issued under Subsection (3); and

1111 (c) state that a hearing will be held within the time provided by law, and give the time  
1112 and place for that hearing.

1113 (8) The court may transfer the case and the custody of the individual to be committed  
1114 to any other district court within the state, if:

1115 (a) there are no appropriate facilities for persons with an intellectual disability within  
1116 the judicial district; and

1117 (b) the transfer will not be adverse to the interests of the individual.

1118 (9) (a) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, after any  
1119 order or commitment under a detention order, the court shall appoint two designated  
1120 intellectual disability professionals to examine the individual. If requested by the individual's  
1121 counsel, the court shall appoint a reasonably available, qualified person designated by counsel  
1122 to be one of the examining designated intellectual disability professionals. The examinations  
1123 shall be conducted:

1124 (i) separately;

1125 (ii) at the home of the individual to be committed, a hospital, an intermediate care  
1126 facility for people with an intellectual disability, or any other suitable place not likely to have a  
1127 harmful effect on the individual; and

1128 (iii) within a reasonable period of time after appointment of the examiners by the court.

1129 (b) The court shall set a time for a hearing to be held within 10 court days of the  
1130 appointment of the examiners. However, the court may immediately terminate the proceedings  
1131 and dismiss the application if, prior to the hearing date, the examiners, the director, or his  
1132 designee informs the court that:

1133 (i) the individual does not have an intellectual disability; or

1134 (ii) treatment programs are available and will be used by the individual without court  
1135 proceedings.

1136 (10) (a) Each individual has the right to be represented by counsel at the commitment  
1137 hearing and in all preliminary proceedings. If neither the individual nor others provide counsel,  
1138 the court shall appoint counsel and allow sufficient time for counsel to consult with the  
1139 individual prior to any hearing.

1140 (b) If the individual is indigent, the county in which the individual was physically  
1141 located when taken into custody shall pay reasonable attorney fees as determined by the court.

1142 (11) The division or a designated intellectual disability professional in charge of the  
1143 individual's care shall provide all documented information on the individual to be committed  
1144 and to the court at the time of the hearing. The individual's attorney shall have access to all  
1145 documented information on the individual at the time of and prior to the hearing.

1146 (12) (a) The court shall provide an opportunity to the individual, the petitioner, and all  
1147 other persons to whom notice is required to be given to appear at the hearing, to testify, and to  
1148 present and cross-examine witnesses.

1149 (b) The court may, in its discretion:

1150 (i) receive the testimony of any other person;

1151 (ii) allow a waiver of the right to appear only for good cause shown;

1152 (iii) exclude from the hearing all persons not necessary to conduct the proceedings; and

1153 (iv) upon motion of counsel, require the testimony of each examiner to be given out of  
1154 the presence of any other examiner.

1155 (c) The hearing shall be conducted in as informal a manner as may be consistent with  
1156 orderly procedure, and in a physical setting that is not likely to have a harmful effect on the  
1157 individual. The Utah Rules of Evidence apply, and the hearing shall be a matter of court  
1158 record. A verbatim record of the proceedings shall be maintained.

1159 (13) The court may order commitment if, upon completion of the hearing and  
1160 consideration of the record, it finds by clear and convincing evidence that all of the following  
1161 conditions are met:

1162 (a) the individual to be committed has an intellectual disability;

1163 (b) because of the individual's intellectual disability one or more of the following  
1164 conditions exist:

1165 (i) the individual poses an immediate danger of physical injury to self or others;

1166 (ii) the individual lacks the capacity to provide the basic necessities of life, such as  
1167 food, clothing, or shelter; or

1168 (iii) the individual is in immediate need of habilitation, rehabilitation, care, or  
1169 treatment to minimize the effects of the condition which poses a threat of serious physical or  
1170 psychological injury to the individual, and the individual lacks the capacity to engage in a  
1171 rational decision-making process concerning the need for habilitation, rehabilitation, care, or  
1172 treatment, as evidenced by an inability to weigh the possible costs and benefits of the care or

1173 treatment and the alternatives to it;

1174 (c) there is no appropriate, less restrictive alternative reasonably available; and

1175 (d) the division or the intermediate care facility for people with an intellectual  
1176 disability recommended by the division in which the individual is to be committed can provide  
1177 the individual with treatment, care, habilitation, or rehabilitation that is adequate and  
1178 appropriate to the individual's condition and needs.

1179 (14) In the absence of any of the required findings by the court, described in Subsection  
1180 (13), the court shall dismiss the proceedings.

1181 (15) (a) The order of commitment shall designate the period for which the individual  
1182 will be committed. An initial commitment may not exceed six months. Before the end of the  
1183 initial commitment period, the administrator of the intermediate care facility for people with an  
1184 intellectual disability shall commence a review hearing on behalf of the individual.

1185 (b) At the conclusion of the review hearing, the court may issue an order of  
1186 commitment for up to a one-year period.

1187 (16) An individual committed under this part has the right to a rehearing, upon filing a  
1188 petition with the court within 30 days after entry of the court's order. If the petition for  
1189 rehearing alleges error or mistake in the court's findings, the court shall appoint one impartial  
1190 licensed physician and two impartial designated intellectual disability professionals who have  
1191 not previously been involved in the case to examine the individual. The rehearing shall, in all  
1192 other respects, be conducted in accordance with this part.

1193 (17) (a) The court shall maintain a current list of all individuals under its orders of  
1194 commitment. That list shall be reviewed in order to determine those patients who have been  
1195 under an order of commitment for the designated period.

1196 (b) At least two weeks prior to the expiration of the designated period of any  
1197 commitment order still in effect, the court that entered the original order shall inform the  
1198 director of the division of the impending expiration of the designated commitment period.

1199 (c) The staff of the division shall immediately:

1200 (i) reexamine the reasons upon which the order of commitment was based and report  
1201 the results of the examination to the court;

1202 (ii) discharge the resident from involuntary commitment if the conditions justifying  
1203 commitment no longer exist; and

1204 (iii) immediately inform the court of any discharge.

1205 (d) If the director of the division reports to the court that the conditions justifying  
1206 commitment no longer exist, and the administrator of the intermediate care facility for people  
1207 with an intellectual disability does not discharge the individual at the end of the designated  
1208 period, the court shall order the immediate discharge of the individual, unless involuntary  
1209 commitment proceedings are again commenced in accordance with this section.

1210 (e) If the director of the division, or the director's designee reports to the court that the  
1211 conditions designated in Subsection (13) still exist, the court may extend the commitment order  
1212 for up to one year. At the end of any extension, the individual must be reexamined in  
1213 accordance with this section, or discharged.

1214 (18) When a resident is discharged under this subsection, the division shall provide any  
1215 further support services available and required to meet the resident's needs.

1216 (19) (a) The division or an intermediate care facility shall provide discharge  
1217 instructions to each individual committed under this section at or before the time the individual  
1218 is discharged from the custody of the division or intermediate care facility, regardless of  
1219 whether the individual is discharged by being released or under other circumstances.

1220 (b) Discharge instructions provided under Subsection (19)(a) shall include:

1221 (i) a summary of why the individual was committed;

1222 (ii) detailed information about why the individual is being discharged;

1223 (iii) a safety plan for the individual based on the individual's intellectual disability and  
1224 condition;

1225 (iv) notification to the individual's primary care provider, if applicable;

1226 (v) if the individual is discharged without food, housing, or economic security, a  
1227 referral to appropriate services, if such services exist in the individual's community;

1228 (vi) the phone number to call or text for a crisis services hotline, and information about  
1229 the availability of peer support services;

1230 (vii) a copy of any advance directive presented to the local mental health authority, if  
1231 applicable;

1232 (viii) information about how to establish an advance directive if one was not presented  
1233 to the division or intermediate care facility;

1234 (ix) as applicable, information about medications that were changed or discontinued



1235 during the commitment;

1236 (x) a list of any screening or diagnostic tests conducted during the commitment;

1237 (xi) a summary of therapeutic treatments provided during the commitment;

1238 (xii) any laboratory work, including blood samples or imaging, that was completed or

1239 attempted during the commitment; and

1240 (xiii) information about how to contact the division or intermediate care facility if

1241 needed.

1242 (c) If an individual's medications were changed, or if an individual was prescribed new

1243 medications while committed under this section, discharge instructions provided under

1244 Subsection (19)(a) shall include a clinically appropriate supply of medications, as determined

1245 by a licensed health care provider, to allow the individual time to access another health care

1246 provider or follow-up appointment.

1247 (d) If an individual refuses to accept discharge instructions, the division or intermediate

1248 care facility shall document the refusal in the individual's medical record.

1249 (e) If an individual's discharge instructions include referrals to services under

1250 Subsection (19)(b)(v), the division or intermediate care facility shall document those referrals

1251 in the individual's medical record.

1252 (f) The division shall attempt to follow up with a discharged individual at least 48

1253 hours after discharge, and may use peer support professionals when performing follow-up care

1254 or developing a continuing care plan.

1255 Section 9. Section **63I-2-226 (Superseded 07/01/24)** is amended to read:

1256 **63I-2-226 (Superseded 07/01/24). Repeal dates: Titles 26A through 26B.**

1257 (1) Subsection **26B-1-204(2)(e)**, related to the Air Ambulance Committee, is repealed

1258 July 1, 2024.

1259 (2) Section **26B-1-241** is repealed July 1, 2024.

1260 (3) Section **26B-1-302** is repealed on July 1, 2024.

1261 (4) Section **26B-1-313** is repealed on July 1, 2024.

1262 (5) Section **26B-1-314** is repealed on July 1, 2024.

1263 (6) Section **26B-1-321** is repealed on July 1, 2024.

1264 (7) Section **26B-1-405**, related to the Air Ambulance Committee, is repealed on July 1,

1265 2024.

1266 (8) Section 26B-1-419, which creates the Utah Health Care Workforce Financial  
1267 Assistance Program Advisory Committee, is repealed July 1, 2027.

1268 (9) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection  
1269 26B-2-231(1)(a) is amended to read:

1270 "(a) provide the patient or the patient's representative with the following information  
1271 before contacting an air medical transport provider:

1272 (i) which health insurers in the state the air medical transport provider contracts with;

1273 (ii) if sufficient data is available, the average charge for air medical transport services  
1274 for a patient who is uninsured or out of network; and

1275 (iii) whether the air medical transport provider balance bills a patient for any charge not  
1276 paid by the patient's health insurer; and".

1277 (10) Section 26B-3-142 is repealed July 1, 2024.

1278 (11) Subsection 26B-3-215(5), related to reporting on coverage for in vitro fertilization  
1279 and genetic testing, is repealed July 1, 2030.

1280 (12) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection  
1281 26B-4-135(1)(a) is amended to read:

1282 "(a) provide the patient or the patient's representative with the following information  
1283 before contacting an air medical transport provider:

1284 (i) which health insurers in the state the air medical transport provider contracts with;

1285 (ii) if sufficient data is available, the average charge for air medical transport services  
1286 for a patient who is uninsured or out of network; and

1287 (iii) whether the air medical transport provider balance bills a patient for any charge not  
1288 paid by the patient's health insurer; and".

1289 (13) Section 26B-4-702, related to the Utah Health Care Workforce Financial  
1290 Assistance Program, is repealed July 1, 2027.

1291 (14) Section 26B-5-117, related to early childhood mental health support grant  
1292 programs, is repealed January 2, 2025.

1293 (15) Section 26B-5-302.5, related to a study concerning court-ordered treatment, is  
1294 repealed July 1, 2025.

1295 [~~15~~] (16) Subsection 26B-7-117(3), related to reports to the Legislature on syringe  
1296 exchange and education, is repealed January 1, 2027.

1297 [~~16~~] (17) Section 26B-7-120, relating to sickle cell disease, is repealed on July 1,  
1298 2025.

1299 Section 10. Section 63I-2-226 (Effective 07/01/24) is amended to read:

1300 **63I-2-226 (Effective 07/01/24). Repeal dates: Titles 26A through 26B.**

1301 (1) Section 26B-1-241 is repealed July 1, 2024.

1302 (2) Section 26B-1-302 is repealed on July 1, 2024.

1303 (3) Section 26B-1-313 is repealed on July 1, 2024.

1304 (4) Section 26B-1-314 is repealed on July 1, 2024.

1305 (5) Section 26B-1-321 is repealed on July 1, 2024.

1306 (6) Section 26B-1-419, which creates the Utah Health Care Workforce Financial  
1307 Assistance Program Advisory Committee, is repealed July 1, 2027.

1308 (7) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection  
1309 26B-2-231(1)(a) is amended to read:

1310 "(a) provide the patient or the patient's representative with the following information  
1311 before contacting an air medical transport provider:

1312 (i) which health insurers in the state the air medical transport provider contracts with;

1313 (ii) if sufficient data is available, the average charge for air medical transport services  
1314 for a patient who is uninsured or out of network; and

1315 (iii) whether the air medical transport provider balance bills a patient for any charge not  
1316 paid by the patient's health insurer; and"

1317 (8) Section 26B-3-142 is repealed July 1, 2024.

1318 (9) Subsection 26B-3-215(5), related to reporting on coverage for in vitro fertilization  
1319 and genetic testing, is repealed July 1, 2030.

1320 (10) Section 26B-4-702, related to the Utah Health Care Workforce Financial  
1321 Assistance Program, is repealed July 1, 2027.

1322 (11) Section 26B-5-117, related to early childhood mental health support grant  
1323 programs, is repealed January 2, 2025.

1324 (12) Section 26B-5-302.5, related to a study concerning court-ordered treatment, is  
1325 repealed July 1, 2025.

1326 [~~12~~] (13) Subsection 26B-7-117(3), related to reports to the Legislature on syringe  
1327 exchange and education, is repealed January 1, 2027.

1328 ~~[(13)]~~ (14) Section 26B-7-120, relating to sickle cell disease, is repealed on July 1,  
1329 2025.

1330 Section 11. **Repealer.**

1331 This bill repeals:

1332 Section 26B-5-350, **Assisted outpatient treatment services.**

1333 Section 12. **Effective date.**

1334 (1) Except as provided in Subsection (2), this bill takes effect on May 1, 2024.

1335 (2) The actions affecting Section 26B-5-331 (Effective 07/01/24) take effect on July 1,  
1336 2024.

1337 Section 13. **Coordinating H.B. 299 with H.B. 203.**

1338 If H.B. 299, Court-Ordered Treatment Modifications, and H.B. 203, Involuntary  
1339 Commitment Amendments, both pass and become law, the Legislature intends that on May 1,  
1340 2024, Subsection 26B-5-332(16)(a) be amended to read:

1341 "(16)(a) The court shall order commitment of an adult proposed patient to a local  
1342 mental health authority if, upon completion of the hearing and consideration of the information  
1343 presented, the court finds by clear and convincing evidence that there is no appropriate,  
1344 less-restrictive alternative to a court order of commitment and the local mental health authority  
1345 can provide the proposed patient with treatment that is adequate and appropriate to the  
1346 proposed patient's conditions and needs, and:

1347 (i) [the proposed patient has a mental illness;] as a result of mental illness and based on  
1348 recent actions, omissions, or behaviors, the proposed patient:

1349 (A) poses a substantial danger to self or others; or

1350 (B) lacks the ability to engage in a rational decision-making process regarding the  
1351 acceptance of mental treatment as demonstrated by evidence of inability to weigh the possible  
1352 risks of accepting or rejecting treatment; or

1353 (ii)(A) the proposed patient has been charged with a criminal offense;

1354 (B) with respect to the charged offense, the proposed patient is found incompetent to  
1355 proceed as a result of a mental illness;

1356 (C) the proposed patient has a mental illness; and

1357 (D) the proposed patient has a persistent unawareness of their mental illness and the  
1358 negative consequences of that illness, or within the preceding six months has been requested or

1359 ordered to undergo mental health treatment but has unreasonably refused to undergo that  
1360 treatment.

1361  ~~[(ii) because of the proposed patient's mental illness the proposed patient poses a~~  
1362  ~~substantial danger to self or others;]~~

1363  ~~[(iii) the proposed patient lacks the ability to engage in a rational decisino-making~~  
1364  ~~process regarding the acceptance of mental treatment as demonstrated by evidence of inability~~  
1365  ~~to weigh the possible risks of accepting or rejecting treatment;]~~

1366  ~~[(iv) there is no appropriate less-restrictive alternative to a court order of commitment;~~  
1367  ~~and]~~

1368  ~~[(v) the local mental health authority can provide the proposed patient with treatment~~  
1369  ~~that is adequate and appropriate to the proposed patient's conditions and needs.] ".~~