

**Representative Brady Brammer** proposes the following substitute bill:

**MEDICAID FUNDING AMENDMENTS**

2024 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Brady Brammer**

Senate Sponsor: \_\_\_\_\_

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**LONG TITLE**

**General Description:**

This bill amends provisions related to the Medicaid program and Medicaid expansion.

**Highlighted Provisions:**

This bill:

- ▶ defines "Medicaid shortfall";
- ▶ establishes conditions under which a Medicaid shortfall occurs;
- ▶ requires appropriations for expenditures to pay for the state's cost of the Medicaid

program, and of Medicaid expansion, be appropriated from the Medicaid Restricted Account and the Medicaid Expansion Fund, respectively; and

- ▶ establishes a protocol of cost control measures to implement relative to the Medicaid program and Medicaid expansion, respectively, in the event of a Medicaid shortfall.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

This bill provides a special effective date.

**Utah Code Sections Affected:**

AMENDS:



26 **26B-1-309**, as renumbered and amended by Laws of Utah 2023, Chapter 305  
 27 **26B-3-113**, as renumbered and amended by Laws of Utah 2023, Chapter 306  
 28 **63I-1-226 (Superseded 07/01/24)**, as last amended by Laws of Utah 2023, Chapters  
 29 249, 269, 270, 275, 332, 335, 420, and 495 and repealed and reenacted by Laws of  
 30 Utah 2023, Chapter 329  
 31 **63I-1-226 (Effective 07/01/24)**, as last amended by Laws of Utah 2023, Chapters 249,  
 32 269, 270, 275, 310, 332, 335, 420, and 495 and repealed and reenacted by Laws of  
 33 Utah 2023, Chapter 329 and last amended by Coordination Clause, Laws of Utah  
 34 2023, Chapters 329, 332

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

37 Section 1. Section **26B-1-309** is amended to read:

38 **26B-1-309. Medicaid Restricted Account.**

39 (1) As used in this section:

40 (a) "Medicaid expansion" means the same as that term is defined in Section [26B-3-113](#).

41 (b) "Medicaid program" means the same as that term is defined in Section [26B-3-101](#).

42 (c) "Medicaid shortfall" means a condition in which the ongoing financial stability of  
 43 the Medicaid program or Medicaid expansion is uncertain, as evidenced by:

44 (i) (A) the state's cumulative federal medical assistance percentage decreasing by more  
 45 than two percentage points within a one-year period, or by four percentage points or more  
 46 within a three-year period;

47 (B) the Executive Appropriations Committee finding that their most recently adopted  
 48 revenue estimates are insufficient to pay the ongoing appropriations for the Medicaid program  
 49 and Medicaid expansion for any fiscal year;

50 (C) the Office of the Legislative Fiscal Analyst projecting that state expenditures for  
 51 services offered under the Medicaid program or Medicaid expansion exceed the funds that have  
 52 been appropriated to fund those services; or

53 (D) an operating deficit, as defined in Section [63J-1-211](#); and

54 (ii) if the condition is not removed within 45 days after the day on which the condition  
 55 occurred by:

56 (A) for a condition evidenced under Subsection (1)(c)(i)(A), the Executive

57 Appropriations Committee determining that the decrease in the state's federal medical  
58 assistance percentage was due to the expiration or termination of a planned temporary increase  
59 to the federal medical assistance percentage;

60 (B) for a condition evidenced under Subsection (1)(c)(i)(B), the Executive  
61 Appropriations Committee adopting revised revenue estimates that are sufficient to pay the  
62 ongoing appropriations to the Medicaid program, or to Medicaid expansion, for any fiscal year;  
63 and

64 (C) for a condition evidenced under Subsection (1)(c)(i)(C) or (D), the Legislature  
65 appropriating sufficient funds to pay the services and benefits offered under the Medicaid  
66 program; and

67 (d) "Operating deficit" means the same as that term is defined in Section [63J-1-211](#).

68 (2) There is created a restricted account in the General Fund known as the "Medicaid  
69 Restricted Account."

70 ~~[(2)]~~ (3) (a) Except as provided in Subsection ~~[(3)]~~ (4), the following shall be deposited  
71 into the Medicaid Restricted Account:

72 (i) any general funds appropriated to the department for the state plan for medical  
73 assistance or for the Division of Health Care Financing that are not expended by the  
74 department in the fiscal year for which the general funds were appropriated and which are not  
75 otherwise designated as nonlapsing shall lapse into the Medicaid Restricted Account;

76 (ii) any unused state funds that are associated with the Medicaid program, as defined in  
77 Section [26B-3-101](#), from the Department of Workforce Services; and

78 (iii) any penalties imposed and collected under:

79 (A) Section [17B-2a-818.5](#);

80 (B) Section [19-1-206](#);

81 (C) Section [63A-5b-607](#);

82 (D) Section [63C-9-403](#);

83 (E) Section [72-6-107.5](#); or

84 (F) Section [79-2-404](#).

85 (b) The account shall earn interest and all interest earned shall be deposited into the  
86 account.

87 ~~[(c) The Legislature may appropriate money in the restricted account to fund programs~~

88 ~~that expand medical assistance coverage and private health insurance plans to low income~~  
89 ~~persons who have not traditionally been served by Medicaid, including the Utah Children's~~  
90 ~~Health Insurance Program created in Section [26B-3-902](#).]~~

91 (c) Beginning July 1, 2024, the Legislature may appropriate money to pay the state's  
92 portion of costs and services related to:

93 (i) the Medicaid program only from the Medicaid Restricted Account; and

94 (ii) Medicaid expansion only from the Medicaid Expansion Fund created under Section  
95 [26B-1-315](#).

96 ~~[(3)] (4) (a) For fiscal years 2008-09, 2009-10, 2010-11, 2011-12, and 2012-13 the~~  
97 ~~following funds are nonlapsing:~~

98 ~~(i) any general funds appropriated to the department for the state plan for medical~~  
99 ~~assistance, or for the Division of Health Care Financing that are not expended by the~~  
100 ~~department in the fiscal year in which the general funds were appropriated; and~~

101 ~~(ii) funds described in Subsection ~~[(2)(a)(ii)] (3)(a)(i)~~.~~

102 ~~(b) For fiscal years 2019-20, 2020-21, 2021-22, and 2022-23, the funds described in~~  
103 ~~Subsections ~~[(2)(a)(ii)] (3)(a)(ii) and [(3)(a)(i)] (4)(a)(i)~~ are nonlapsing.~~

104 (5) (a) Subject to Subsection (5)(b), in the event of a Medicaid shortfall, within 150  
105 days after the day on which the shortfall first occurs, each state division or agency expending  
106 state funds for the Medicaid program shall implement the following cost control measures  
107 relative to Medicaid program costs that are not subject to the cost control measures applicable  
108 to Medicaid expansion under Subsection [26B-3-113](#):

109 (i) suspend hiring of noncritical employees;

110 (ii) suspend increasing employee wages, excluding employee benefits offered to  
111 employees state-wide;

112 (iii) suspend increasing provider payment rates that would be paid for using general  
113 funds or income tax funds;

114 (iv) suspend expanding reimbursement benefits, including drug reimbursements that  
115 are paid for using general funds or income tax funds;

116 (v) cancel coverage for any optional services or populations covered under the  
117 Medicaid program that are paid for using general funds or income tax funds;

118 (vi) cancel or reverse all provider payment rate increases approved or implemented

119 during the one-year period immediately preceding the day on which the shortfall occurs, if the  
120 rate increase is paid for using general funds or income tax funds; and

121 (vii) close enrollment to new members.

122 (b) The departments and agencies shall implement the cost control measures under  
123 Subsection (5)(a):

124 (i) one measure at a time and in the order listed under Subsection (5)(a), unless an  
125 exception is approved by the Executive Appropriations Committee;

126 (ii) in consultation with the executive director of the Department of Health and Human  
127 Services and the executive director of the Office of the Legislative Fiscal Analyst;

128 (iii) only to the extent necessary to eliminate the Medicaid shortfall; and

129 (iv) subject to and only to the extent allowed under all federal laws and regulations  
130 governing the Medicaid program.

131 (c) In the event of a Medicaid shortfall, the department shall prioritize state financial  
132 savings in implementing this Subsection (5).

133 Section 2. Section **26B-3-113** is amended to read:

134 **26B-3-113. Expanding the Medicaid program.**

135 (1) As used in this section:

136 (a) "Federal poverty level" means the same as that term is defined in Section  
137 [26B-3-207](#).

138 (b) "Medicaid expansion" means an expansion of the Medicaid program in accordance  
139 with this section.

140 (c) "Medicaid Expansion Fund" means the Medicaid Expansion Fund created in  
141 Section [26B-1-315](#).

142 (d) "Medicaid shortfall" means the same as that term is defined in Section [26B-1-309](#).

143 (2) (a) As set forth in Subsections (2) through (5), eligibility criteria for the Medicaid  
144 program shall be expanded to cover additional low-income individuals.

145 (b) The department shall continue to seek approval from CMS to implement the  
146 Medicaid waiver expansion as defined in Section [26B-1-112](#).

147 (c) The department may implement any provision described in Subsections  
148 [26B-3-112\(2\)\(b\)\(iii\)](#) through (viii) in a Medicaid expansion if the department receives approval  
149 from CMS to implement that provision.

150 (3) The department shall expand the Medicaid program in accordance with this  
151 Subsection (3) if the department:  
152 (a) receives approval from CMS to:  
153 (i) expand Medicaid coverage to eligible individuals whose income is below 95% of  
154 the federal poverty level;  
155 (ii) obtain maximum federal financial participation under 42 U.S.C. Sec. 1396d(b) for  
156 enrolling an individual in the Medicaid expansion under this Subsection (3); and  
157 (iii) permit the state to close enrollment in the Medicaid expansion under this  
158 Subsection (3) if the department has insufficient funds to provide services to new enrollment  
159 under the Medicaid expansion under this Subsection (3);  
160 (b) pays the state portion of costs for the Medicaid expansion under this Subsection (3)  
161 with funds from:  
162 (i) the Medicaid Expansion Fund;  
163 (ii) county contributions to the nonfederal share of Medicaid expenditures; or  
164 (iii) any other contributions, funds, or transfers from a nonstate agency for Medicaid  
165 expenditures; and  
166 (c) closes the Medicaid program to new enrollment under the Medicaid expansion  
167 under this Subsection (3) if the department projects that the cost of the Medicaid expansion  
168 under this Subsection (3) will exceed the appropriations for the fiscal year that are authorized  
169 by the Legislature through an appropriations act adopted in accordance with Title 63J, Chapter  
170 1, Budgetary Procedures Act.  
171 (4) (a) The department shall expand the Medicaid program in accordance with this  
172 Subsection (4) if the department:  
173 (i) receives approval from CMS to:  
174 (A) expand Medicaid coverage to eligible individuals whose income is below 95% of  
175 the federal poverty level;  
176 (B) obtain maximum federal financial participation under 42 U.S.C. Sec. 1396d(y) for  
177 enrolling an individual in the Medicaid expansion under this Subsection (4); and  
178 (C) permit the state to close enrollment in the Medicaid expansion under this  
179 Subsection (4) if the department has insufficient funds to provide services to new enrollment  
180 under the Medicaid expansion under this Subsection (4);

181 (ii) pays the state portion of costs for the Medicaid expansion under this Subsection (4)  
182 with funds from:

183 (A) the Medicaid Expansion Fund;

184 (B) county contributions to the nonfederal share of Medicaid expenditures; or

185 (C) any other contributions, funds, or transfers from a nonstate agency for Medicaid  
186 expenditures; and

187 (iii) closes the Medicaid program to new enrollment under the Medicaid expansion  
188 under this Subsection (4) if the department projects that the cost of the Medicaid expansion  
189 under this Subsection (4) will exceed the appropriations for the fiscal year that are authorized  
190 by the Legislature through an appropriations act adopted in accordance with Title 63J, Chapter  
191 1, Budgetary Procedures Act.

192 (b) The department shall submit a waiver, an amendment to an existing waiver, or a  
193 state plan amendment to CMS to:

194 (i) administer federal funds for the Medicaid expansion under this Subsection (4)  
195 according to a per capita cap developed by the department that includes an annual inflationary  
196 adjustment, accounts for differences in cost among categories of Medicaid expansion enrollees,  
197 and provides greater flexibility to the state than the current Medicaid payment model;

198 (ii) limit, in certain circumstances as defined by the department, the ability of a  
199 qualified entity to determine presumptive eligibility for Medicaid coverage for an individual  
200 enrolled in a Medicaid expansion under this Subsection (4);

201 (iii) impose a lock-out period if an individual enrolled in a Medicaid expansion under  
202 this Subsection (4) violates certain program requirements as defined by the department;

203 (iv) allow an individual enrolled in a Medicaid expansion under this Subsection (4) to  
204 remain in the Medicaid program for up to a 12-month certification period as defined by the  
205 department; and

206 (v) allow federal Medicaid funds to be used for housing support for eligible enrollees  
207 in the Medicaid expansion under this Subsection (4).

208 (5) (a) (i) If CMS does not approve a waiver to expand the Medicaid program in  
209 accordance with Subsection (4)(a) on or before January 1, 2020, the department shall develop  
210 proposals to implement additional flexibilities and cost controls, including cost sharing tools,  
211 within a Medicaid expansion under this Subsection (5) through a request to CMS for a waiver

212 or state plan amendment.

213 (ii) The request for a waiver or state plan amendment described in Subsection (5)(a)(i)  
214 shall include:

215 (A) a path to self-sufficiency for qualified adults in the Medicaid expansion that  
216 includes employment and training as defined in 7 U.S.C. Sec. 2015(d)(4); and

217 (B) a requirement that an individual who is offered a private health benefit plan by an  
218 employer to enroll in the employer's health plan.

219 (iii) The department shall submit the request for a waiver or state plan amendment  
220 developed under Subsection (5)(a)(i) on or before March 15, 2020.

221 (b) Notwithstanding Sections 26B-3-127 and 63J-5-204, and in accordance with this  
222 Subsection (5), eligibility for the Medicaid program shall be expanded to include all persons in  
223 the optional Medicaid expansion population under PPACA and the Health Care Education  
224 Reconciliation Act of 2010, Pub. L. No. 111-152, and related federal regulations and guidance,  
225 on the earlier of:

226 (i) the day on which CMS approves a waiver to implement the provisions described in  
227 Subsections (5)(a)(ii)(A) and (B); or

228 (ii) July 1, 2020.

229 (c) The department shall seek a waiver, or an amendment to an existing waiver, from  
230 federal law to:

231 (i) implement each provision described in Subsections 26B-3-210(2)(b)(iii) through  
232 (viii) in a Medicaid expansion under this Subsection (5);

233 (ii) limit, in certain circumstances as defined by the department, the ability of a  
234 qualified entity to determine presumptive eligibility for Medicaid coverage for an individual  
235 enrolled in a Medicaid expansion under this Subsection (5); and

236 (iii) impose a lock-out period if an individual enrolled in a Medicaid expansion under  
237 this Subsection (5) violates certain program requirements as defined by the department.

238 (d) The eligibility criteria in this Subsection (5) shall be construed to include all  
239 individuals eligible for the health coverage improvement program under Section 26B-3-207.

240 (e) The department shall pay the state portion of costs for a Medicaid expansion under  
241 this Subsection (5) entirely from:

242 (i) the Medicaid Expansion Fund;



243 (ii) county contributions to the nonfederal share of Medicaid expenditures; or  
244 (iii) any other contributions, funds, or transfers from a nonstate agency for [Medicaid]  
245 expenditures for Medicaid expansion.

246 (f) If the costs of the Medicaid expansion under this Subsection (5) exceed the funds  
247 available under Subsection (5)(e)[:],

248 [~~(i) the department may reduce or eliminate optional Medicaid services under this~~  
249 ~~chapter;]~~

250 [~~(ii) savings, as determined by the department, from the reduction or elimination of~~  
251 ~~optional Medicaid services under Subsection (5)(f)(i) shall be deposited into the Medicaid~~  
252 ~~Expansion Fund; and]~~

253 [(iii)] the department may submit to CMS a request for waivers, or an amendment of  
254 existing waivers, from federal law necessary to implement budget controls within the Medicaid  
255 program to address the deficiency.

256 (g) Subject to Subsection (5)(h), in the event of a Medicaid shortfall, within 150 days,  
257 each state division or agency expending state funds for Medicaid expansion shall implement  
258 the following cost control measures on Medicaid expansion spending:

259 (i) suspend hiring of noncritical employees;

260 (ii) suspend increasing employee wages, excluding employee benefits offered to  
261 employees state-wide;

262 (iii) suspend increasing provider payment rates that would be paid for using general  
263 funds or income tax funds;

264 (iv) suspend expanding reimbursement benefits, including drug reimbursements that  
265 are paid for using general funds or income tax funds;

266 (v) suspend each application to CMS for Medicaid expansion that CMS has not  
267 approved as of the date on which the Medicaid shortfall first occurs;

268 (vi) cancel coverage for any optional services or populations covered under Medicaid  
269 expansion that are paid for using general funds or income tax funds;

270 (vii) cancel or reverse all provider payment rate increases approved or implemented  
271 during the one-year period immediately preceding the day on which the shortfall occurs, if the  
272 rate increase is paid for using general funds or income tax funds; and

273 (viii) close enrollment to new members.

274 (h) The departments and agencies shall implement the cost control measures under  
275 Subsection (5)(g):

276 (i) one measure at a time, in the order listed under Subsection (5)(g), unless an  
277 exception to the order is approved by the Executive Appropriations Committee;

278 (ii) in consultation with the executive director of the Department of Health and Human  
279 Services and the executive director of the Office of the Legislative Fiscal Analyst;

280 (iii) only to the extent necessary to eliminate the Medicaid shortfall; and

281 (iv) subject to federal laws and regulations governing the Medicaid program and  
282 Medicaid expansion.

283 ~~[(g)]~~ (i) If, after the department has acted in accordance with Subsections (5)(f) and (g),  
284 the costs of the Medicaid expansion under this Subsection (5) are projected by the department  
285 to exceed the funds available in the current fiscal year under Subsection (5)(e), including  
286 savings resulting from any action taken under Subsection (5)(f):

287 (i) the governor shall direct the department and Department of Workforce Services to  
288 reduce commitments and expenditures by an amount sufficient to offset the deficiency:

289 (A) proportionate to the share of total current fiscal year General Fund appropriations  
290 for each of those agencies; and

291 (B) up to 10% of each agency's total current fiscal year General Fund appropriations;

292 (ii) the Division of Finance shall reduce allotments to the department and Department  
293 of Workforce Services by a percentage:

294 (A) proportionate to the amount of the deficiency; and

295 (B) up to 10% of each agency's total current fiscal year General Fund appropriations;

296 and

297 (iii) the Division of Finance shall deposit the total amount from the reduced allotments  
298 described in Subsection ~~[(5)(g)(ii)]~~ (6)(i)(iii) into the Medicaid Expansion Fund.

299 (6) (a) ~~[The]~~ Except as provided in Subsection (6)(b), the department shall maximize  
300 federal financial participation in implementing this section, including by seeking to obtain any  
301 necessary federal approvals or waivers.

302 (b) In the event of a Medicaid shortfall, the department shall maximize state financial  
303 savings in implementing Subsection (5)(g).

304 (7) Notwithstanding Sections 17-43-201 and 17-43-301, a county does not have to

305 provide matching funds to the state for the cost of providing Medicaid services to newly  
306 enrolled individuals who qualify for Medicaid coverage under a Medicaid expansion.

307 (8) The department shall report to the Social Services Appropriations Subcommittee on  
308 or before November 1 of each year that a Medicaid expansion is operational:

309 (a) the number of individuals who enrolled in the Medicaid expansion;

310 (b) costs to the state for the Medicaid expansion;

311 (c) estimated costs to the state for the Medicaid expansion for the current and  
312 following fiscal years;

313 (d) recommendations to control costs of the Medicaid expansion; and

314 (e) as calculated in accordance with Subsections 26B-3-506(4) and 26B-3-606(2), the  
315 state's net cost of the qualified Medicaid expansion.

316 Section 3. Section 63I-1-226 (Superseded 07/01/24) is amended to read:

317 **63I-1-226 (Superseded 07/01/24). Repeal dates: Titles 26A through 26B.**

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

320 (2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1,  
321 [~~2024~~] 2034.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

367 2024.

368 (26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is  
369 repealed July 1, 2024.

370 (27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,  
371 2028.

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

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

375 (30) Section 26B-4-710, related to rural residency training programs, is repealed July 1,  
376 2025.

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

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

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

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

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

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

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

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

390 (37) In relation to the Behavioral Health Crisis Response Commission, on December  
391 31, 2026:

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

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

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

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

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

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

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

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

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

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

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

411 Section 4. Section 63I-1-226 (Effective 07/01/24) is amended to read:

412 **63I-1-226 (Effective 07/01/24). Repeal dates: Titles 26A through 26B.**

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

415 (2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1,  
416 [~~2024~~] 2034.

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

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

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

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

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

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

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

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

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434 repealed July 1, 2025.

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

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

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

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

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

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

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

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

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

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

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

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

459 (24) Sections 26B-3-302 through 26B-3-309, regarding the Drug Utilization Review

460 Board, are repealed July 1, 2027.

461 (25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1,  
462 2024.

463 (26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is  
464 repealed July 1, 2024.

465 (27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,  
466 2028.

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

468 (29) Section 26B-4-710, related to rural residency training programs, is repealed July 1,  
469 2025.

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

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

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

476 (33) Section 26B-5-118, related to collaborative care grant programs, is repealed  
477 December 31, 2024.

478 (34) Section 26B-5-120 is repealed December 31, 2026.

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

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

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

483 (36) In relation to the Behavioral Health Crisis Response Commission, on December  
484 31, 2026:

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

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

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

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



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

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

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

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

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

501 (41) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 2024.

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

504 Section 5. **Effective date.**

505 This bill takes effect on January 1, 2025.