

SUBSTANCE USE TREATMENT IN CORRECTIONAL FACILITIES

2024 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Jen Plumb

House Sponsor: _____

LONG TITLE

General Description:

This bill allows the Department of Corrections to cooperate with medical personnel to provide medication assisted treatment to inmates who had an active medication assisted treatment plan prior to incarceration.

Highlighted Provisions:

This bill:

- ▶ defines terms;
- ▶ allows the Department of Corrections, in collaboration with the Department of Health and Human Services, to cooperate with medical personnel to continue a medication assisted treatment plan for inmates who had an active medication assisted treatment plan prior to incarceration;

▶ provides that a correctional facility may, at the direction of the chief administrative officer, store medications used for medication assisted treatment plans; and

- ▶ makes technical and conforming changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:



28 AMENDS:

29 [26B-4-325](#), as enacted by Laws of Utah 2023, Chapter 322

30 ENACTS:

31 [64-13-25.1](#), Utah Code Annotated 1953



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

34 Section 1. Section **26B-4-325** is amended to read:

35 **26B-4-325. Medical care for inmates -- Reporting of statistics.**

36 As used in this section:

37 (1) "Correctional facility" means a facility operated to house inmates in a secure or
38 nonsecure setting:

- 39 (a) by the Department of Corrections; or
- 40 (b) under a contract with the Department of Corrections.

41 (2) "Health care facility" means the same as that term is defined in Section [26B-2-201](#).

42 (3) "Inmate" means an individual who is:

- 43 (a) committed to the custody of the Department of Corrections; and
- 44 (b) housed at a correctional facility or at a county jail at the request of the Department
45 of Corrections.

46 (4) "Medical monitoring technology" means a device, application, or other technology
47 that can be used to improve health outcomes and the experience of care for patients, including
48 evidence-based clinically evaluated software and devices that can be used to monitor and treat
49 diseases and disorders.

50 (5) "Terminally ill" means the same as that term is defined in Section [31A-36-102](#).

51 (6) The department shall:

52 (a) for each health care facility owned or operated by the Department of Corrections,
53 assist the Department of Corrections in complying with Section [64-13-39](#);

54 (b) create policies and procedures for providing services to inmates; [~~and~~]

55 (c) in coordination with the Department of Corrections, develop standard population
56 indicators and performance measures relating to the health of inmates[.]; and

57 (d) collaborate with the Department of Corrections to comply with Section [64-13-25.1](#).

58 (7) Beginning July 1, 2023, and ending June 30, 2024, the department shall:

59 (a) evaluate and study the use of medical monitoring technology and create a plan for a
60 pilot program that identifies:

61 (i) the types of medical monitoring technology that will be used during the pilot
62 program; and

63 (ii) eligibility for participation in the pilot program; and

64 (b) make the indicators and performance measures described in Subsection (6)(c)
65 available to the public through the Department of Corrections and the department websites.

66 (8) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement
67 the pilot program.

68 (9) The department shall submit to the Health and Human Services Interim Committee
69 and the Law Enforcement and Criminal Justice Interim Committee:

70 (a) a report on or before October 1 of each year regarding the costs and benefits of the
71 pilot program;

72 (b) a report that summarizes the indicators and performance measures described in
73 Subsection (6)(c) on or before October 1, 2024; and

74 (c) an updated report before October 1 of each year that compares the indicators and
75 population measures of the most recent year to the initial report described in Subsection (9)(b).

76 Section 2. Section **64-13-25.1** is enacted to read:

77 **64-13-25.1. Medication assisted treatment plan.**

78 (1) As used in this section, "medication assisted treatment plan" means a prescription
79 plan to use a medication, such as buprenorphine, methadone, or naltrexone, to treat substance
80 use withdrawal symptoms or an opioid use disorder.

81 (2) In collaboration with the Department of Health and Human Services the department
82 may cooperate with medical personnel to continue a medication assisted treatment plan for an
83 inmate who had an active medication assisted treatment plan within the last six months before
84 being committed to the custody of the department.

85 (3) A medication used for a medication assisted treatment plan under Subsection (2):

86 (a) shall be an oral, short-acting medication unless the chief administrative officer or
87 other medical personnel who is familiar with the inmate's medication assisted treatment plan
88 determines that a long-acting, non-oral medication will provide a greater benefit to the
89 individual receiving treatment;

90 (b) may be administered to an inmate under the direction of the chief administrative
91 officer of the correctional facility; and

92 (c) may be left or stored at a correctional facility at the discretion of the chief
93 administrative officer of the correctional facility.

94 Section 3. **Effective date.**

95 This bill takes effect on May 1, 2024.