

**Utah Substance Use and Mental Health
Advisory Committee (USAAV+)/Policy Review Committee**

**Tuesday, February 10, 2026, 11:00 - 1:00 p.m.
State Capitol Complex, East Senate Building
Commission on Criminal and Juvenile Justice large conference room, third floor**

Video call link: <https://meet.google.com/yii-hukf-dwg>
Or dial: (US) +1 442-600-4789 PIN: 166 961 261#

	Time/Presenter	Discussion Topics
1	11:00 - 11:05 pm: Patrick Fleming	Welcome: <ul style="list-style-type: none">• Introductions• Attendance and approval of February 3, 2026 meeting minutes<ul style="list-style-type: none">◦ Minutes were approved during a roll call with 22 yes, 0 abstain, and no oppose• Members present: Eric Tadehara, Rebecca Brown, Susannah Burt, Jeremy Christensen, Santiago Cortez, Jeremy Cottle, Janae Duncan, Rebecca Dutson, Patrick Fleming, Judge Dianna Gibson, Jessie Higgins (designee for April Graham), Marcie Gray, Chief Lance Haight, Benee Larson (proxy for Robin Holcomb), Elizabeth Klc, Shanel Long, Kim Gibb, Alyn Mitchell, Jennifer Mitchell, Kyla Clark (designee for Tonya Myrup), Dr. Gray Otis, Andrew Riggle, Lacey Singleton, Clarissa Stebbing, Kim Myers (designee for Dr. Mason Turner), Ross VanVranken, Senator Carlene Walker, Carla Wiese, Sgt. Chad Wilkins, Erin Wynn
2	11:05 - 11:45 am: Patrick Fleming; Mia Nafziger	Review of 2026 legislative session bills <ul style="list-style-type: none">• Members abstaining from all voting during the meeting: Carla Wiese and Clarissa Stebbing HB 71S2 Health Plan Provider Directory Amendments - The Insurance Agency will issue a citation letter for this bill. The bill has been modified so the bill is more supportive. This bill addresses the legislative audit. <ul style="list-style-type: none">• Marcie Gray motions to support• Ross VanVranken seconds the motion• No opposition

HB 387 - Kratom Modifications -

- Liz Klc motions to support
- Marcie Gray motions to support
- No opposition

HB 15 Medicaid Expansion Amendments -

There is a second substitute coming out to ensure Medicaid expansion won't go away if the federal funding changes. HR 1 requires Medicaid certification every 6 months, this bill preserves certification at 6 months. Original intent of the law was to address the trigger law, hold the f-map rate at 90, and ensure a full general session before the trigger would be implemented. Sixth month eligibility expansion of TAM, DHHS would have to approve and then the waiver would be filed. Congressman Blake Moore is supportive. This may be a priority bill, Adam Cohen recommends making it a priority.

- Ross VanVranken motions to make this a priority bill
- Patrick Fleming seconds the motion
- No opposition
- Sgt. Wilkins is abstaining

HB 453 - Unspent Funding Amendments

Creates an unspent funding balance account into a restricted account and splits it into three funding recommendations. Has been referred to the committee. Will largely depend on the non-lapsing authority to continue to utilize the funding. Original allocation seems to be any money from executive branch state general funds that is unspent as intended to spend. Could be from any program or agency. Varies but the range is typically \$4-\$5 million dollars. This bill will be flagged for the Commission. Rebecca Dutson asked where it is delineated how the funding will be spent? The bill doesn't define the funding or transparency. Evan Done shared that the Commission would lean toward funding the current priority list.

Ross VanVranken motions to support in concept

Eric Tadehara seconds the motion

- Ross VanVranken will modify to a motion to support
- Eric Tadehara seconds the motion to support
- No opposition

<p>3</p>	<p>11:45 am - 12:00 pm: Michelle Smith, Brian Roach</p>	<p>Medicaid presentation on HR 1 and relevant state legislation HB 471 - This bill codifies many provisions along HR 1. The bill would reduce some options for State Medicaid. Line 67-70 (Work requirements and Community Engagement are used interchangeably). At application, the bill requires that an individual can show compliance for 3 months prior to applying. The other option is one month prior, so this bill is stricter. Line 78 (HR 1 allows 1 month of compliance or several months of compliance), this bill requires compliance quarterly between determination. X-partay renewal (no member participation required) typically done every 4 months and then an additional review one month later.</p> <p>How much onus is put on the individual to continue having Medicaid?</p> <p>Medicaid is currently working to create more access to electronic databases for ease of access to help determine eligibility guidelines (medically frail or mental illness). There are specific prohibitions on supporting individuals with managed care eligibility and applications. DWS can help make determinations, purview falls under Medicaid. HR 1 requires data to be used first before the additional support of providers getting people enrolled. ACOs are prohibited from making determinations, but can get all information to DWS to make the determination.</p> <p>Would the state Office Medicaid office allow providers to make the determination? Brian and Michelle will take that to Julie to discuss. Clearer guidelines.</p> <p>Pre-clearance guidance: auditable, documentary evidence for eligibility. The CMS standard will more than likely require documentation. Can use an assessment with a diagnosis along with it, and could be actionable. Could flag to DWS that they are medically frail.</p> <p>One loophole is someone without Medicaid checks into the hospital, and don't follow up to continue their application to get TAM. Unhoused individuals bounce between the hospital and 4th street or the road home because they can't complete their application.</p> <p>Line 81 and Line 89, problematic language that has been shared with the sponsor. HR 1 is clear that data can be used for compliance and exemption without requiring additional information from a member. There will be a lot of individuals considered exempt without an individual's participation because they have claims.</p>
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Make it easier for a member to be exempted and remove barriers and steps.

Lines 82-86, optional exemptions/short term hardships, would restrict Medicaid's ability to grant short-term hardships. 1. Inpatient hospitalizations, living in a county with a high unemployment rate (1.5 x the country rate), traveling for medical needs. This would reduce the ability for the state to provide these exemptions.

Line 95-99 Changes the definition of medically frail included in HR 1, adds "chronic" to SUD, removes individuals who are blind, disabled, or have complex medical issues. This is in conflict with HR 1.

Line 60-62 has potential problems and can unnecessarily restrict certain licenses. Too restrictive.

Could Medicaid recommend referring to existing code and the practice act to guide. A paid claim in the system shows a diagnosis.

Lines 107-154 verification of eligibility 108-115 may not accept self-attestation and this contradicts federal law as written today. Rows 116-143 directing the department to each month receive and review information from the listed data sources. Currently they don't seek the information, but can if necessary. Some of the data sources are not "real time". 144-154 discusses the information and acting on the change. In the CFR information for an individual may benefit an individual based on existing information and data. But restricts the agency for a full review without all the information. Medicaid provided information to the sponsor.

Line 151-159 Adult and TAM will be required to renew every six months and add an additional group of parents/family who care for individuals on Medicaid. This would require the state to seek federal approval to add the group.

Line 164-174 the bill defines who is a qualified citizen, this would prohibit the department from providing coverage to the state CHIP program (1658 individuals served), and prohibit coverage of CHIProw214 (2250 children). Not a federal requirement currently.

Line 176-177 unless required by federal law, emergency only population for life threatening conditions, can continue to be eligible other than if they are non-citizens. Two main components from the eligibility side: do they have an emergency medical condition. A lot of that is already done retroactively.

Does emergency services include an MCOT team? Crisis centers? ED? - from an ethical and EMTALA POV

Row 178-179 requiring all income of ineligible members in a household be considered for an individual's coverage. This does not align with federal law.

180-185 largely consistent with existing processes with presumptive eligibility.

Row 186 is a conflict with federal law. Utah requires declaration of citizenship. Offer a reasonable opportunity period of 90 days to provide sufficient documentation of citizenship.

187-189 are consistent with existing practices, SAVE system is an interface that is connected.

Multistate enrollment has future dates consistent with HR 1 for multistate data enrollment. Capitation payments paid to managed care entities, consistent with existing language.

Lines 226 removing deceased enrollees, already aligns with HR 1, section 7-1104, no conflicts.

Retroactive eligibility is the same as HR 1 provisions, limited to one month of coverage, or two months over retroactive coverage.

Very complex, a lot of moving parts. The sponsor has been very receptive to amendments. No senate sponsor has been named at this time.

Questions:

190 would be a change in practice. The federal government has begun some data sharing. The DIH has a neutral stance. This is sponsor language, not federal language. Do

		<p>non-citizens have HIPAA rights?</p> <p>Line 78: start quarterly in terms of verifying work requirements? A timeframe chosen by the state? Is there a longer timeframe allowable by federal law? This could be changed to 1 month of compliance during the certification period, but the sponsor has asked for quarterly. This creates a bottle neck for eligibility determination. The state has to already verify during application and the review period.</p> <p>The fiscal note process, before expansion of Medicaid, BH had 6-9 waitlists. Could Medicaid request language and noting that waitlists will increase again and coverage will go away for many people. The costs will increase in other ways, staff work, cost for loss of coverage. Less people will be cared for in clinics. Will not help the unhoused situation. Would we want to request to add a comment to the fiscal note language, that as these changes occur, substantial numbers of members are anticipated to lose coverage. When Utah expanded Medicaid, available BH services more than tripled. It should be noted that as funding decreases for those in need of services, wait lists for services will increase again.</p> <p>Russell Fransen is the fiscal analyst. Generally the league of cities and towns, LFA, sends them out to governments and partner organizations. UWAC to follow up? Showing no cost to the counties, but it will have a cost with the number of uninsured. Costs to Utah CMS and Utah DHHS and DWS to have the staff to process this. First Step house interviews 20-30 individuals a week.</p>
4	<p>12:00 - 12:55 pm: Patrick Fleming; Mia Nafziger</p>	<p>HB 471 Social Services Amendments</p> <p>Position statement: The committee had concerns with all provisions of the bill that differ from HR 1, discussing the following items:</p> <ol style="list-style-type: none"> 1) Many provisions of this bill increase the burden of complying with Medicaid expansion work requirements and obtaining exemptions for these requirements, particularly for individuals with a behavioral health condition. 2) The bill also prohibits DHHS from providing Children’s Insurance Program (CHIP) services for certain children based on their immigration status and prohibits DHHS from providing medical assistance to any individual who is not a

qualified citizen.

3) The bill requires DHHS to refer applicants without lawful immigration status to the Immigration and Customs Enforcement.

Kim Myers made a motion to request revisions, Santiago Cortez seconded. Sgt Wilkins abstained, the motion passed.

Committee members will reach out to the sponsor with requested edits.

HB 399S1 Prohibition Against Student Character Tracking and Grading Systems

Committee members agreed that the substitute did not address concerns.

Santiago Cortez made a motion to oppose, Kim Myers seconded it. The motion passed.

Committee members plan to testify in opposition.

HB 70S1 Correctional Health Services Amendments

The Department of Corrections supports the changes in the first substitute.

Rebecca Brown made a motion to support, Santiago Cortez seconded. Sgt Wilkins and Kyla Clark abstained. The motion passed.

HB 253 Marijuana Use or Possession Penalty Amendments

The committee generally supported changes in the second substitute, as the bill's changes only apply to first-time offenders. Jennifer Mitchell made a motion to support in concept, Ross VanVranken seconded. Kim Gibb abstained. Erin Wynn, Susannah Burt, and Alyn Mitchell voted no. The motion passed.

HB 339S1 Street Medicine Amendments

Kim Myers made a motion to support in concept, Marcie Gray seconded. Sgt Wilkins abstained. The motion passed.

HB 385 Nicotine Sale Amendments

Elizabeth Klc made a motion to support in concept, Jeremy Cottle seconded. Kim Gibb abstained. The motion passed.

HB 100 Electroconvulsive Therapy Prohibition Amendments

Committee members ask that additional exceptions be added to the prohibition list to ensure youth with certain serious mental illnesses have access to this critical evidence-based treatment.

Kim Myers made a motion to oppose, Jeremy Christensen seconded. The motion passed.

HB 188S1 Juvenile Justice Amendments

The substitute has removed the expungement language that committee members did not like, but left in concerning changes to nonjudicial adjustments.

Santiago Cortez made a motion to oppose, Ross VanVranken seconded. The motion passed.

Position statement: The committee opposes the bill's changes to nonjudicial adjustments for certain controlled substance crimes, as nonjudicial adjustments are a helpful tool in changing youth behavior without excessive penalties. The committee believes this bill will worsen outcomes for juveniles without deterring crime.

HB 390S1 Veterans PTSD Clinical Research Amendments

Santiago Cortez made a motion to support, Marcie Gray seconded. The motion passed.

HB 438 Artificial Intelligence Amendments - Requires suppliers of AI chatbots to ensure safety critical interactions. Definition of safety-critical interactions includes self harm, suicide, abuse of alcohol, criminal behavior.

- Susannah Burt motions to support in concept
- Santiago Cortez seconds the motion
- No opposition

HB 476 Insanity Defense Amendments

Committee members discussed how the bill would loosen the insanity defense amendments. A similar bill has been run several times since 2020. There are some concerns that the bill expands the definition of mental condition, and the Attorney General's Office is working with the Utah Statewide Association of Prosecutors & Public Attorneys. The State Hospital does not

		<p>have a position and does not have a fiscal cost.</p> <p>Santiago Cortez made a motion to support in concept, Pat Fleming seconded. The motion passed.</p> <p>Committee members plan to reach out to the sponsor.</p>
5	<p>12:55 - 1:00 pm: Patrick Fleming</p>	<p>Public comment Adjourn <i>(Action required: None)</i></p>

Tuesday, February 17, 2026, 11:00 - 1:00 p.m.
Martha Hughes Cannon Building, Room 125
288 North 1460 West, Salt Lake City, Utah