

Bill: 1st substitute HB 199 – Substance Use Treatment and Enforcement Amendments

Sponsor: Representative Clancy

Floor Sponsor: Undeclared

UASD Position: Tracking

This Bill addresses treatment and enforcement issues related to substance use.

Discussion: The proposed legislation mandates that local substance abuse and mental health authorities include a comprehensive list of available service providers in their annual plans, formatted for ease of use by first responders. This initiative encourages first responders to offer referrals to substance use or mental health services for individuals who experience an overdose, whether intentional or accidental. Additionally, the Bill addresses the operational requirements for syringe exchange programs and the data collection processes associated with these programs. Furthermore, it authorizes opioid treatment programs to operate mobile units capable of providing medication for substance use withdrawal or opioid use disorders, subject to specific operational guidelines. The Department of Health and Human Services will be granted rulemaking authority regarding the operation of these mobile units. The Bill also amends criminal provisions of the Utah Controlled Substances Act, introduces the offense of maintaining a drug-involved premises, and revises civil nuisance actions related to unlawful controlled substance activities.

The Committee adopted the 1st substitute of the Bill, with the sponsor highlighting that HB 199 is designed to address Utah's ongoing opioid crisis. Despite various efforts, drug overdose fatalities in Utah have remained consistent, averaging approximately 600 deaths annually. The leading cause of death among the homeless population is fatal drug overdose. The Bill seeks to regulate harm reduction programs, emphasizing that recovery should remain the central objective. It prohibits the establishment of needle exchange programs within drug-free zones and establishes a framework for data collection to comprehensively address the opioid crisis. Moreover, the Bill bans supervised consumption sites, as the sponsor believes these programs have proven ineffective. The use of mobile Medication-Assisted Treatment (“MAT”) clinics is supported, in line with guidance from the Drug Enforcement Administration (DEA), to reduce barriers and improve access to underserved communities.

Currently, Utah's nuisance laws address tobacco smoke but do not encompass the harmful effects of methamphetamine or fentanyl smoke. HB 199 updates the Code to reflect the dangers associated with these drug fumes. The Bill adopts a "smart on crime" approach to place-based policing, acknowledging that problem properties can significantly exacerbate property crime and violent crime in a given area. As such, the sponsor has expanded nuisance law provisions to provide judges with greater discretion.

Representative Ward raised questions regarding the scope of services that care providers may offer from mobile clinics. Any clinician prescribing methadone, naloxone, or naltrexone must adhere to DEA standards and be appropriately licensed. Several organizations, including the Utah Rights Coalition, Utah Harm Reduction Coalition, and Salt Lake Harm Reduction

Association, expressed concerns about the restriction on needle exchange programs being set up within 100 feet of a park (drug free zones), fearing it may increase the number of discarded needles in public spaces. However, the Salt Lake Harm Reduction Association voiced support for mobile MAT clinics. The Utah League of Cities and Towns appreciated the sponsor's ongoing dialogue regarding the Bill. The Salt Lake City Fire Department expressed support for the Bill, particularly the enhanced nuisance law provisions and the inclusion of social workers as first responders in mental health and overdose-related emergencies. A Provo City firefighter and paramedic also testified in favor of the bill, emphasizing that it would provide first responders with critical resources. The Utah Association of Counties highlighted the value of integrating QR codes to facilitate real-time access to updated information about available treatment centers, especially for individuals who may not have the financial means to pay for services. Business representatives from Salt Lake City expressed their support for the bill as well.

The Bill encourages first responders to offer referrals to substance use or mental health services, when deemed appropriate, for individuals who experience an overdose, whether intentional or accidental. The details of this provision can be found on lines 538-548 of the bill. Importantly, this measure is permissive, not mandatory. If a first responder offers a referral, the responder's employer is required to report annually to the Division of Health and Human Services the total number of individuals who accepted referrals from all first responders employed by the organization. A list of local service providers will be compiled and distributed by local substance abuse authorities for use by first responders.

Yeas: 14

Nays: 0

N/V: 0

Outcome: 1st substitute HB 199 passed out of the Committee with a favorable recommendation.
