MEETING MINUTES

Committee	**Policy Review Committee**
Date **Time** **Location**	**Thursday December 11, 2025** **12:00 pm - 2:00 pm** **MASOB Room 1020 A&B**
Agenda Item	**Welcome, Attendance and Approval of Minutes**
Notes	**Welcome:** Mia Nafziger and Santiago Cortez welcomed the members and called the meeting to order. **Roll Call:** Jules Martinez, Shane Bahr, Pam Bennett, Alissa Black, Susannah Burt, Jeremy Christensen, Santiago Cortez, Jeremy Cottell, Janae Duncan, Stephanie Warner, Judge Diana Gibson, Marcie Gray, Robin Holcomb, Greg Johnson, Elizabeth Klc, Igor Limansky, Shanel Long, Kim Gibb, Jennifer Mitchell, Dr. Gray Otis, Andrew Riggle, Brayden Robinson, Lacey Singleton, Clarissa Stebbing, Ross VanVranken, Senator Carlene Walker, Carla Wiese, Sgt Chad Wilkins, Erin Wynn **Staff:** Mia Nafziger, Dr. Stacy Eddings, Kimberlie Raymond, Megan West **Approval Of Minutes:** Mia Nafziger asked for a motion, Jules Martinez motioned, Jeremy Cottle seconded. Mia Nafziger then led a rollcall to approve the minutes. Quorum was confirmed during rollcall at 12:12 pm.
Agenda Item	**Competency Amendments**
Notes	**Committee Business:** The recommendation was made to add a second vice-chair to the Policy Review Committee (PRC), which requires an amendment to the by-laws. Committee members received the bylaws seven days in advance for review, and no questions or comments were made. Santiago Cortez asked for a motion, Jeremy Christensen motioned, and Elizabeth Klc seconded the motion. No one opposed and no one abstained from voting. Jeremy Christensen noted the Forensic Behavioral Health Coordinating Council is also updating the by-laws.
Agenda Item	**USAAV structure items**
	Item One: Mia Nafziger called for the annual election of a new chair and two vice chairs. Elizabeth Klc nominated and motioned for Pat Fleming as chair, Santiago Cortez as the vice-chair, and second vice-chair as Ross VanVranken. Jeremy Christensen seconded the motion. Mia Nafziger noted that Pat Fleming's term will expire in June 2026, so this will be a six-month appointment and a year's appointment for Santiago Cortez and Ross VanVranken. Membership of the PRC will change in June. Ross VanVranken made the point that he would like to see more representation and new viewpoints in the chair roles. Santiago Cortez asked for discussion. No one opposed and no abstaining members.

	Item Two: Mia Nafziger discussed disbanding the Drug Endangered Children Committee. Santiago Cortez recommended removing this committee because it has not met in three years. Robin Holcomb asked if there might be utilization of the committee in the future and if they should wait to disband. Santiago Cortez noted an ad-hoc committee can be created by the committee bylaws. Elizabeth Klc motioned to pass disbanding the Drug Endangered Children Committee and Jules Martinez seconded the motion. No one opposed the motion, and no one abstained.
Agenda Item	**Draft legislation recommendations from State Hospital**
Notes	Jeremy Christensen presented recommended legislation sponsored by Rep. Nelson Abbott to Competency Amendments in existing Utah Code Title 26B, Chapter 5, Part 3, Section 343: Portability of Involuntary Medication Orders. All proposals have been reviewed by the Forensic Behavioral Health Coordinating Council and Rep. Abbott's rule subgroup. Change number one: Line 62 verbiage is being relocated within the rule to line 49 – There is an added emphasis to existing language in the code. The current language is overlooked because of where it is in the code and is regularly misinterpreted. The Attorney General's (AG's) offices have been watching the medication orders come in and review court proceedings. The AG's made a recommendation to change the location of the information within the rule. The language changes were determined by the AG team. ● Questions from Lacey Singleton: Procedurally from a defensive perspective, there isn't a presumption for two evaluations of an individual. If only one evaluation is ordered, the legal team then requests a second order because the defense team does not agree with the evaluation outcomes. ● Jeremy Christensen: This change only affects the first evaluation of an individual. A request for a second evaluation can be made even with the change. ● Erin Wynn, AG office policy analyst: The way it is written and applied, will it affect the appellate process? Jeremy Christensen: a reasonable cause based on the court orders and the case can affect the ability to have another hearing and evaluation. Will this slow down court proceedings? ● Jeremy Christensen: The two evaluations will only be for an initial evaluation. Either party can ask for additional evaluations, but they will pay for additional evaluations. The death penalty code does not fall under this code and rule. The issue is orders come through after the initial evaluation is ordered. Juvenile orders are only one, not two. Change number two: Line 104 updates: All competency restoration was done within the Utah State Hospital when the law was written. The department can make a clinical evaluation to move someone into the Hospital. When someone has been ordered for a competency

	evaluation they may be moved to the Hospital. This could move someone to the Hospital or another facility. This only applies to individuals within criminal justice custody. ● Judge Gibson: if secure settings are required for an evaluation, the Hospital will screen the individual to see if they need to be at the Hospital, Davis County restoration unit, or keep them within the jail and provide competency restoration in that facility. The custody of a secure setting is the discretion/request of the court. Change number three: Line 284: The original language was passed by Senator Pritcher on behalf of Davis County jails a few years ago. Competency has been achieved at the Utah State Hospital, and someone can be transferred back to their jail they started in. The involuntary medications started at the Hospital will stay with the individual if/when they are relocated. The current law requires a letter "shall" be included in the transfer. The change of language is "shall" will be changed to "may". This is to increase procedural efficiency and should not change clinical competency. This only applies to individuals in the state hospital. ● Lacey Singleton: Where is the continuity on what is ordered at the State Hospital and then possibly changed at the jail they go into. There can be issues of civil liberties, but there are concerns when someone has medication changes because the jail staff policy is different or the training is not at the same level. Keeping someone on medications is not included in this, it is a training and coordination item. If different locations have varying formularies, sometimes the hospital starts the individuals on the other formulary. ● Jeremy Christensen shared in the chat: "Here is a sentence to address the continuity of care in the involuntary medication portability narrative that I can recommend be added: To ensure continuity of care, the referring and receiving facilities shall coordinate the transfer of the patient's medication plan. If the specific medication is unavailable under the receiving facility's formulary, the facilities shall agree upon a therapeutic equivalent or alternative that prevents interruption of treatment". Santiago Cortez called for a motion: Marcie Gray made a motion to support in concept and Ross VanVranken seconded. No further discussion. No objection. Andrew Riggle, Clarissa Stebbing, Erin Wynn, and Judge Gibson abstained from voting.
Agenda Item	**Legislative Session and processes and procedures**
Notes	Mia Nafziger presented slides on the Policy Review Committee's and Behavioral Health Commission's processes for the 2026 General Session. Several sections of the process were drafted and pending a vote from the Behavioral Health Commission. The PRC will meet every Tuesday during the legislative session from 11:00 to 1:00 pm. The meeting process will be similar to past session meetings. Santiago Cortez shared meetings are rapid; there is a lot of information shared and efficiency is important. There will be seven meetings in total throughout the session beginning on

January 20, 2026. Members of the PRC will receive calendar invites through Google, and virtual attendees will use Google Meets, not Zoom for the meetings. Links for the calls will be on the agenda, which will be sent 24 hours before a meeting. This information will also be posted online.

For all meetings, if a vote is not unanimous, a roll call vote is required. It is important to meet quorums at all meetings. Because the group is a public body, there are specific rules on appointing someone to attend a meeting in place of the PRC member. For a complete summary of designees, representatives, and proxies for meeting, please refer to the meeting slides.

Mia Nafziger then presented the requested change from the Commission regarding the PRC's positions on bills.

Support the bill
Support in concept
Request revisions:*New position*
Oppose: *Commission request to remove this position*
No position
Hold
Priority support
Beyond scope

Questions from PRC members:

- Senator Carlene Walker: Please clarify what request revisions include and who would lead that information request.
- Andrew Riggle: What happens when a sponsor does not want to revise their bill or provide more information. Will there be times when the decision will be one of opposition?
- Santiago Cortez: It is important that the PRC can oppose a bill after that process, especially if something is detrimental to the behavioral health system.
- Jules Martinez: Do the bill sponsors have to accept this? Or can it be discussed?
- Mia Nafziger clarified that the PRC can be directed by the Commission because it is a sub-committee. I would be interested in knowing how many people support this change.
- Robin Holcomb: Appreciates the request revisions but would also like to oppose the bills. Especially when bills are detrimental to the behavioral health system.
- Mia Nafziger: Recommends not opposing until a sponsor has been notified of the concerns PRC has taken. Santiago Cortez agrees this should be a policy for the committee throughout the legislative session. The staff and chairs will share the feedback with the Commission.
- Andrew Riggle: The position of opposition means USAAV+ has followed a process, and conversations have been held and still the sponsor has not changed the position.
- Susannah Burt: She agrees this is nuanced, but there are bills that the committee will oppose even with updated language because it isn't good for public health.

	● Senator Carlene Walker: Believes the PRC should retain the ability to oppose bills. If the Commission on a whole is opposed to a process, the ability to retain opposition is important. Constructive criticism for lawmakers is helpful, and she does not disagree if it is a bad policy the ability to oppose is important. The reality is the PRC rarely opposes a bill. ● Ross VanVranken: Agrees that the PRC rarely opposes a bill and the committee doesn't want to lose the ability to oppose or the value in the PRC making opposition. This would take the leverage off the table for the PRC taking the time to review. ● Santiago Cortez: We must have a checks and balance system and the ability to provide education and training to sponsors who may not have a strong or evidence-based bill in place. The PRC should put into place the policy of communication with a sponsor. ● Elizabeth Klc: Senator Carlene Walker brings up poignant points, communication is key and must be frequent. The PRC represents the Commission and she understands the cautionary work, but both things can be done. Opposing a bill should be the last resort with a bill. Legislators won't read all the details and will just see opposing and might be defensive vs. collaborative. We must bring information to the sponsor to help make the distinction. ● Dr. Gray Otis: We don't need to be out of sync with the Commission, but the PRC needs to have an "independent voice." ● Mia Nafziger: The PRC should prioritize bills that relate to the Commission's strategic plan. The PRC bill tracker will be updated and shared by staff weekly. Non-PRC members can join meetings without being PRC members and can participate in the conversations. There is an opportunity for public comment after each bill is presented. Mia Nafziger: Communication with Commission (draft for discussion) Commissioners are invited to the PRC meetings. They will comment on bills as members of the public, not voting members. The Commission has asked that the PRC consider themselves as representatives from the Commission when speaking on behalf of the PRC. The Commission is adjusting their process this session, and legislators will present bills to the Commission during the January 15, 2026, meeting. The Commission will vote and take a stand on high-priority and may testify on those bills. Santiago Cortez: If the PRC has not discussed or taken a position on a bill, and a member is going to testify, they are not speaking on behalf of the PRC and need to be clear in your representation. There is value in having commissioners attend and participate in PRC meetings. There is also value in the Commission testifying for high-priority bills. All PRC materials are posted publicly and there is a record of all votes.
Agenda Item	**Key bills from the Interim session**

Notes	(Draft) Health plan Provider Directory Amendments – Rep. Eliason -to address the ghost provider network the auditors found to require commercial insurers to obtain services from an out-of-net network provider if someone within their network is not available. -Requires providers to respond within a certain period and will be considered "unprofessional conduct" if they do not respond within the period. ● Ross VanVranken: Does the bill ask for publication every 90 days? ● Mia Nafziger confirmed in the bill the request is an update every 60 days. ● Dr. Otis: There is no reason to put someone on "unprofessional conduct" because there may be a reason they aren't communicating. Receive a second notice and if then they don't respond then action can be taken. The provision to cite providers with "Unprofessional Conduct" if they do not respond within a certain time is inappropriate and there is an extreme overreaction. The consequences need to be changed to something less severe. This is essential to help people with insurance get services. Health Data Amendments: Rep. Thurston This is in response to a legislative audit on the all-payer database. It is hard for key partners to access APCD, it is difficult within DHHS, and other entities housed in DHHS. This is to allow an easier way to share data while still maintaining data privacy. Kratom Adjustments: Senator McKell Schedule I controlled substance, to repeal the Kratom Consumer Protection Act. ● Santiago Cortez: Evaluation is appropriate ● Lacey Singleton: it is hard to test Kratom too in drug court. It has a terrible withdrawal. ● Sgt. Chad Wilkins: Fentanyl task force has seen a substantial increase of kratom related overdoses and a leading cause. Naloxone does work but requires a higher dose. ● Elizabeth Klc: Senator McKell is working with the fentanyl task force on this bill. DUIs that involve Kratom have also increased significantly. Correctional Health Services Amendments – Rep. Eliason A bill requires a new DHHS EMR for patient care but did not pass because of the fiscal component. DHHS will need to prepare and implement plans for SUD treatment. ● Mia Nafziger recommended the PRC members look at the two legislative audits and the findings related to Correctional Health Services in the prison. ● Elizabeth Klc: A stretch on limited resources, but important. CCJJ is supportive of the concept but knows there are limited funds. Applauding Rep. Eliason because it is the right thing to do for individuals who are incarcerated. ● Sgt. Chad Wilkins: Important to provide support and treatment within the Correctional setting to ensure recovery beyond incarceration. Reduces stress on peer support and deferred treatment post-release.

	• Mia Nafziger: Please send any bills that the PRC should be aware of or interested in before the session begins.
Agenda Item	**Updates from subcommittees**
Notes	Santiago Cortez: The Behavioral Healthcare Workforce Workgroup committee shared about the new bachelor's degree in health and human services at the University of Utah in behavioral health and looking at the scope of practice for the degree before PRC endorses the degree is still TBD. It is not a licensed position but can include a certification. He would like to invite them to present again and discuss the scope of practice for the degree. Also discussed peer support specialists for a central database to report inappropriate conduct through the Department of Health and Human Service (DHHS). Will discuss the pros and cons of moving peer support under Department of Professional Licensing (DOPL) or keeping it at DHHS. Sgt. Chad Wilkins question: Does the Workforce Workgroup work with early prevention specialists? Many are volunteers and wondering about supervisors of the prevention specialists? He will follow up and connect with Susannah Burt and Rob Timmerman through Mia Nafziger to follow up on this question. Jeremy Cottell: Working on the suicide prevention plan that is due every 5 years. Taking general input at this point. Mia Nafziger will follow up with the group to ask for general feedback.
Agenda Item	**Public Comment & Adjourn**
Notes	Santiago Cortez: open for public comment. Asked for a motion to adjourn the PRC meeting. Igor Limansky motioned, Stephanie Warner seconded the motion.
Next Meeting	The next meeting is scheduled for Tuesday January 20, 2026, from 11 pm - 1 pm at: State Capitol Complex, East Senate Building, Commission on Criminal and Juvenile Justice, Large conference room located on the third floor.