

H.B. 15

CONTROLLED SUBSTANCE AMENDMENTS

HOUSE COMMITTEE AMENDMENTS

AMENDMENT 2

JANUARY 21, 2021 1:01 PM

Representative **Raymond P. Ward** proposes the following amendments:

1. *Page 1, Line 16:*

16 substances after a surgery {~~-~~} ; and

► requires a practitioner to check the controlled substance database and consult with other practitioners when issuing a long-term prescription for an opiate or a benzodiazepine under certain circumstances.

2. *Page 12, Line 353:*

353 a controlled substance listed in Section 58-37-4.2.

(11) (a) As used in this Subsection (11):

(i) "High risk prescription" means a prescription for an opiate or a benzodiazepine that is written to continue for longer than 30 consecutive days.

(ii) "Database" means the controlled substance database created in Section 58-37f-201.

(b) A practitioner who issues a high risk prescription to a patient shall, before issuing the high risk prescription to the patient, verify in the database that the patient does not have a high risk prescription from a different practitioner that is currently active.

(c) If the database shows that the patient has received a high risk prescription that is currently active from a different practitioner, the practitioner may not issue a high risk prescription to the patient unless the practitioner:

(i) contacts and consults with each practitioner who issued a high risk prescription that is currently active to the patient;

(ii) documents in the patient's medical record that the practitioner made contact with each practitioner in accordance with Subsection (11)(c)(i); and

(iii) documents in the patient's medical record the reason why the practitioner believes that the patient needs multiple high risk prescriptions from different practitioners.

(d) A practitioner shall satisfy the requirement described in Subsection (11)(c) in a timely manner, which may be after the practitioner issues the high risk prescription to the patient.

(e) Failure to comply with the requirements in this Subsection (11) is unprofessional conduct.