

PRESCRIPTION DRUG MISUSE: SELECTED POLICY RESPONSES BY THE UTAH LEGISLATURE, 2007-2017

This compilation is an evolving list of policy responses and is, therefore, illustrative, not comprehensive. Suggestions for additions are welcome.

Related appropriations are not included.

Responses are sorted by stakeholder, in reverse chronological order.

Legislation passed in 2017 is highlighted in yellow.

PATIENTS

1. Urged by the Legislature and the Governor “to assume the primary responsibility for the proper and safe use, storage, and disposal of any drug prescribed to them, and to encourage their prescription drug dispensers to provide adequate instructions on how to fulfill those responsibilities”
([2011 H.C.R. 5](#), Poulson; see also [2010 S.C.R. 2](#), Jones)
2. Urged by the Legislature and the Governor “to ensure that their doctors are aware of all other medications and substances with which a prescribed drug might interact...”
([2010 S.C.R. 2](#), Jones)
3. Urged by the Legislature and the Governor “to clean out their medicine cabinets routinely, and at least annually, and that they properly dispose of the unused portions of any drug prescriptions, in accordance with guidelines published by the federal Office of National Drug Control Policy at http://www.whitehousedrugpolicy.gov/publications/pdf/prescrip_disposal.pdf, by taking the drugs to a community drop-off site or hazardous waste collection event listed at http://www.medicationsdisposal.utah.gov/disposal_locations_events.htm#hhhww, flushing the drugs down the sink or toilet only when specifically instructed to do so on the prescription drug label, or by removing personal information from the drug container, mixing the unused drugs with an undesirable substance like cat litter, and disposing of the mixture in a sealed container, along with the original container, in the trash...”
([2010 S.C.R. 2](#), Jones)
4. Parents urged by the Legislature and the Governor “to minimize the availability of prescription drugs in their homes by disposing of partially used prescriptions and properly securing currently used prescriptions, and to provide their children with age-appropriate instruction on the proper use, storage, and disposal of prescription drugs, including legal prohibitions on the sharing and selling of prescription drugs...”
([2010 S.C.R. 2](#), Jones)

PRESCRIBERS

Controlled Substance Database – Use Of

5. Prescribers “of an opioid for individual outpatient usage [are required to] access and review the [controlled substance] database as necessary in the prescriber’s... professional judgment and to achieve the purpose of [the Controlled Substance

Database Act].”
([2016 H.B. 375](#), Christensen)

6. Advanced practice registered nurses meeting certain licensing or experience standards are exempt from entering into a consultation and referral plan with a physician to prescribe Schedule II drugs if they check the controlled substance database for a patient’s first prescription, periodically check the database thereafter, and follow Labor Commission guidelines for injured workers who are being treated for chronic pain.
([2016 S.B. 58](#), Hinkins)
7. Prescribers who obtain a new license to prescribe a controlled substance are required to register within 30 days of receiving the license to use the controlled substance database.
([2011 H.B. 15](#), Daw)

Notification

8. State medical examiner notifies DOPL when the death of a person 12 years of age or older is the result of poisoning or overdose involving a prescribed controlled substance, and DOPL notifies the patient’s prescriber so that the prescriber may take the information into account when writing future prescriptions and advising others.
([2016 H.B. 149](#), Daw)
9. Hospitals notify DOPL when a patient poisoning or overdose occurs, and DOPL notifies the patient’s prescriber so that the prescriber may take the information into account when writing future prescriptions and advise the patient.
([2010 H.B. 35](#), Daw)
10. Courts notify DOPL when an individual is convicted of driving under the influence or of impaired driving, if a prescribed controlled substance is involved, and DOPL notifies the prescriber of the substance so that the prescriber may take the information into account when writing future prescriptions and advise the patient.
([2010 H.B. 36](#), Daw)

Pain Clinics

11. Advanced practice registered nurses prohibited from establishing or operating a pain clinic without a consultation and referral plan entered into with a consulting physician.
([2016 S.B. 58](#), Hinkins)

Patient Education

12. Urged by the Legislature and the Governor “to take whatever time is necessary when a drug is prescribed to ensure that the patient understands how to safely use the drug, including the potential for dangerous interactions with other medications and substances, how to safely store and dispose of any unused portion of the prescription, including how to protect family members and others from any unintentional or intentional misuse of the drug, how to recognize and report to the prescriber any signs of dependency or addiction, and the legal prohibitions on sharing or selling any portion of the prescription....”
([2010 S.C.R. 2](#), Jones)

Prescriber Education

13. Controlled substance prescribers required to receive at least 3.5 hours of one-time training on screening, brief intervention, and referral to treatment (SBIRT). Medicaid

and PEHP required to reimburse prescribers for SBIRT services.
([2017 H.B. 175](#), Eliason)

14. DOPL authorized to “reduce or waive the division’s continuing education requirements regarding opioid prescriptions..., including the online tutorial and test relating to the [controlled substance] database” based on the prescriber’s use of the database.
([2016 H.B. 375](#), Christensen)
15. Prescriber education required to incorporate the FDA’s [Blueprint for Prescriber Education for Extended-Release and Long-Acting Opioid Analgesics](#).
([2013 S.B. 214](#), Jones)
16. Prescribers allowed to count completion of the online tutorial and test on the controlled substance database as 0.5 hours of required continuing education on controlled substance prescribing.
([2012 S.B. 127](#), Jones)
17. Four hours of continuing education on controlled substance prescribing
([2011 S.B. 61](#), Jones; postponed by [2012 S.B. 127](#), Jones, from 7/1/12 to 7/1/13)
18. Prescriber applying for or renewing a license to prescribe a controlled substance required to register to use the controlled substance database and to take a tutorial and pass a test relating to the database and the prescribing of a controlled substance (by 1/1/13).
([2010 H.B. 28](#), Daw)

Prescriber Practice

19. Opioid prescriptions for acute, non-complex, non-chronic conditions limited to seven days. Prescribers required to check the controlled substance database before issuing the first prescription of an opioid to a patient unless the prescription is for three days or less or for a 30-day post-surgery supply. For ongoing opioid prescriptions, prescribers are required to periodically check the database.
([2017 H.B. 50](#), Ward)

Prescription Integrity

20. Prescribers must provide a patient with the option of receiving a prescription by electronic prescribing beginning July 1, 2012, if permitted by federal law.
([2009 H.B. 128](#), Menlove; effective date postponed until 7/1/13 by [2012 H.B. 122](#), Vickers)

Risk Assessment and Mitigation

21. Urged by the Legislature and the Governor “to assess each patient's risk for misuse, dependency, or addiction before prescribing a drug, to use the Division of Occupational and Professional Licensing's controlled substance database whenever appropriate to assess patient risk, and where risk is significant, to use medication management agreements when appropriate to educate patients, promote compliance with prescribing orders, and reduce the risk of misuse and addiction...”
([2010 S.C.R. 2](#), Jones)

DISPENSERS (PHARMACISTS)

Controlled Substance Database – Use Of

22. Dispensers “of an opioid for individual outpatient usage [are required to] access and review the [controlled substance] database as necessary in the...dispenser’s professional judgment and to achieve the purpose of [the Controlled Substance Database Act].”
([2016 H.B. 375](#), Christensen)
23. Dispensers required to contact prescribers when the controlled substance database suggests that a prescription may be inconsistent with generally recognized standards for prescribing.
([2016 H.B. 375](#), Christensen)
24. Urged by the Legislature and the Governor “to use as frequently as possible the Division of Occupational and Professional Licensing’s controlled substance database to reduce the risk of misuse and addiction, and to ensure that prescribers are aware of any concerns pharmacists may have about particular patients.
([2010 S.C.R. 2](#), Jones)

Disposal of Unused Drugs

25. Pharmacies may accept unused prescription drugs for disposal as permitted by federal law and regulation and authorized by administrative rules made by the Division of Occupational and Professional Licensing.
([2012 H.B. 306](#), Daw)

Labeling

26. “[The] Utah Pharmacy Board, the Utah Pharmacists Association, and other related parties [urged] to meet during 2011 to design a prescription label that is patient-centered and contains directions for safe use, including the purpose of the medication, that employ simple and clear terms that can be easily understood by non-medical professionals or individuals and improved font types and sizes to meet the needs of those who are visually impaired...”
([2011 H.C.R. 5](#), Poulson)

Partial Filling

27. Partial filling of a Schedule II controlled substance authorized in accordance with federal law and rules made by the Division of Occupational and Professional Licensing.
([2017 H.B. 146](#), Barlow; [2017 H.B. 50](#), Ward, also authorizes partial filling of an opioid prescription)

Patient Education

28. Urged by the Legislature and the Governor “to encourage patients at the time of dispensing to receive verbal instructions from the pharmacist on how to safely use the prescribed drug, including the potential for dangerous interactions with other medications and substances, how to safely store and dispose of any unused portion of the prescription, including how to protect family members and others from any unintentional or intentional misuse of the drug, how to recognize any signs of dependency or addiction and the importance of reporting those signs to the prescriber, and the legal prohibitions on sharing or selling any portion of the prescription...”
([2010 S.C.R. 2](#), Jones)

Prescription Integrity

29. Dispensers must dispense drugs or devices ordered pursuant to electronic prescriptions issued on or after July 1, 2012.
([2009 H.B. 128](#), Menlove; effective date postponed until 7/1/13 by [2012 H.B. 122](#), Vickers)

PAYERS (INSURERS AND EMPLOYERS)

Coverage of Addiction Treatment

30. Employers urged by the Legislature and the Governor “to encourage health insurers to offer health plans that include coverage for the diagnosis and treatment of prescription drug addiction, to offer their employees health insurance or employee assistance programs that help pay for the diagnosis and treatment of prescription drug addiction, and to encourage employees suspected of prescription drug addiction to seek professional help.
([2010 S.C.R. 2](#), Jones)

Risk Reduction Policies

31. Commercial health insurers, workers' compensation insurers, PEHP, and Medicaid required to report annually to the Insurance Department on their adoption of opioid risk-reduction policies.
([2017 H.B. 90](#), Ward)
32. Health insurers urged by the Legislature and the Governor “to structure contracts with doctors and pharmacists in ways that encourage providers to educate patients on the safe use, storage, and disposal of prescription drugs, and to evaluate prescription drug purchasing patterns of insureds and the prescribing and dispensing patterns of providers and, as appropriate, alert insureds, doctors, pharmacists, or the Division of Occupational and Professional Licensing of any concerns about misuse or addiction.
([2010 S.C.R. 2](#), Jones)

STATE AGENCIES — GENERAL

Patient Education Survey

33. DOPL urged to by the Legislature and the Governor, as division resources permit, to survey doctors...to determine whether patients are receiving appropriate instructions on the safe use, storage, and disposal of prescription drugs, potential drug interactions, and the signs and reporting of dependency and addiction, and whether patients are being cautioned about sharing and selling prescription drugs.
([2010 S.C.R. 2](#), Jones)

Resources

34. Opiate Overdose Outreach Pilot Program created within the Department of Health and the department authorized to use funding to:
- “(a) provide grants [to law enforcement agencies, state and local health departments, substance abuse programs, schools, naloxone training organizations, and other persons that are in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event for the purchase of naloxone and the cost of training on the proper administration of naloxone];
 - (b) promote public awareness of the signs, symptoms, and risks of opioid misuse and overdose;

- (c) increase the availability of educational materials and other resources designed to assist individuals at increased risk of opioid overdose, their families, and others in a position to help prevent or respond to an overdose event;
- (d) increase public awareness of, access to, and use of opiate antagonist;
- (e) update the department's Utah Clinical Guidelines on Prescribing Opioids and promote its use by prescribers and dispensers of opioids;
- (f) develop a directory of substance misuse treatment programs and promote its dissemination to and use by opioid prescribers, dispensers, and others in a position to assist individuals at increased risk of opioid overdose;
- (g) coordinate a multi-agency coalition to address opioid misuse and overdose; and
- (h) maintain department data collection efforts designed to guide the development of opioid overdose interventions and track their effectiveness.”

([2016 H.B. 192](#), McKell)

35. Department of Health, Department of Human Services, and Department of Public Safety urged by the Legislature and the Governor to direct appropriate resources to reducing the number of drug overdose deaths in Utah.

([2016 H.C.R. 4](#), Moss)

36. “...federal, state, and local government agencies...[urged by the Legislature and the Governor] to continue working on their own and through multi-agency projects like the Utah Prescription Pain Medication Management and Education Program and the Utah Pharmaceutical Drug Crime Project to reduce prescription drug misuse, addiction, and death, to continue developing campaigns like "Use Only as Directed" and "Clean out the Cabinet" to educate the public about the dangers of prescription drug misuse and to promote the disposal of partially-used prescriptions, to continue developing drop-off sites and other secure and environmentally friendly methods for disposing of unused prescription drugs, and to continue promoting the availability and use of programs that treat prescription drug addiction.

([2010 S.C.R. 2](#), Jones; see also [2011 H.C.R. 5](#), Poulson)

Scheduling of Controlled Substances

37. Controlled Substances Advisory Committee within DOPL advises the Legislature regarding the scheduling of controlled substances.

([2010 H.B. 38](#), Ray)

Study, Education, and Recommendations by the Department of Health and Others

38. The Department of Health, in coordination with DOPL the Utah Labor Commission, and the Attorney General charged with developing and implementing a two-year program to investigate the causes of and risk factors for death and nonfatal complications of prescription opiate use and misuse, studying solutions, and educating health care providers, patients, insurers, and the general public on the appropriate management of chronic pain, including the effective use of medical treatment and quality care guidelines that are scientifically based and peer reviewed; also charged with making recommendations to the Legislature on use of the controlled substance database, interventions to prevent drug diversion, and treatment guidelines.

([2007 H.B. 137](#), Daw; see also [Utah Clinical Guidelines on Prescribing Opioids](#), Utah Department of Health, 2009)

39. State Medical examiner tests for the presence of specified drugs in cases of suspected suicide and reports finding to the Legislature.
([2007 H.B. 302](#), Harper)

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING — CONTROLLED SUBSTANCE DATABASE

Access

40. Access to opioid prescription information in the database via practitioner data management systems.
([2016 H.B. 239](#), Rep. M. McKell)
41. Access to nonidentifying information by law enforcement officers working with DOPL.
([2016 H.B. 149](#), Daw)
42. Access by certain probation and parole officers.
([2016 H.B. 149](#), Daw)
43. Access by the Medical Examiner's office.
([2016 S.B. 136](#), Vickers)
44. Access by a member of a professional licensing board or a member of a diversion advisory committee established by DOPL.
([2016 S.B. 136](#), Vickers)
45. Access by law enforcement agencies limited to investigation of a specific substance and specific related persons, and prohibited without a search warrant.
([2015 S.B. 119](#), Weiler; "agencies" changed to "officers" by [2016 H.B. 149](#), Daw)
46. Access by a patient to information about the patient in the database.
([2015 S.B. 119](#), Weiler)
47. Access by patient to list of persons that have requested information from the database about the person.
([2015 S.B. 119](#), Weiler)
48. Negligent or reckless release of database information is a class C misdemeanor.
([2015 S.B. 119](#), Weiler)
49. Access by up to five pharmacy technicians or interns employed by a pharmacy.
([2015 S.B. 158](#), Vickers)
50. Access by Medicaid managed care organizations.
([2014 S.B. 29](#), A. Christensen)
51. Access by up to three pharmacy technicians employed by a pharmacy.
([2014 S.B. 178](#), Vickers)
52. Access to de-identified information for scientific studies by a designee of the Department of Health who is associated with higher education.
([2013 H.B. 270](#), Menlove)

53. Access by a designated employee of a business that employs the prescriber.
([2012 H.B. 257](#), Daw)
54. Access by an emergency room employee designated by a prescriber employed in the emergency room.
([2012 H.B. 257](#), Daw)
55. Access via the database to information supplied by prescription drug monitoring programs of other states or the federal government.
([2012 H.B. 257](#), Daw)
56. Access by authorized physicians reviewing and offering an opinion on an individual's request for workers' compensation benefits.
([2011 S.B. 248](#), Bramble)
57. Access by employees of the Office of Internal Audit and Program Integrity within the Department of Health.
([2011 H.B. 358](#), Eliason)
58. Access by the Inspector General of Medicaid Services.
([2011 H.B. 84](#), Clark)
59. Access by discovery, subpoena, or similar compulsory processes in criminal proceedings prohibited.
([2010 H.B. 28](#), Daw)
60. Access by Department of Health employees requires a written agreement between the department and DOPL.
([2010 H.B. 186](#), Menlove)
61. Access by Department of Health employees in cases where the department suspects that a practitioner or patient is improperly providing or obtaining a controlled substance.
([2010 H.B. 186](#), Menlove)
62. Access by mental health therapists for specific purposes.
([2009 H.B. 106](#), Daw)
63. Up to three prescriber employees approved by DOPL may access the database on the prescriber's behalf.
([2009 H.B. 106](#), Daw)
64. Information from database may be included in the patient's medical chart or file, or provided to others in accordance with HIPAA.
([2009 H.B. 106](#), Daw)
65. A person may not access information in the database about a deceased relative.
([2009 H.B. 106](#), Daw)
66. Information about prospective and former patients may be accessed by a prescriber for specific purposes.
([2009 H.B. 106](#), Daw)

67. Access by pharmacists not limited to current patients, if sought to determine fraud.
([2009 H.B. 106](#), Daw)
68. Information about the use of the controlled substance database by a prescriber's employee may be accessed by the prescriber.
([2009 H.B. 106](#), Daw)
69. Access by a prescriber related to any use of the prescriber's DEA identification number.
([2009 H.B. 106](#), Daw)
70. Public education about database by the Department of Health.
([2008 H.B. 119](#), Daw)
71. Any attempt to obtain information from the database for an unauthorized purpose is a third degree felony.
([2008 H.B. 119](#), Daw)
72. Access by discovery, subpoena, or similar compulsory processes in civil, judicial, administrative, or legislative proceedings prohibited except for criminal proceedings and proceedings to enforce controlled substance database laws.
([2008 H.B. 119](#), Daw)

Analytics

73. DOPL required to track and report to each prescriber and dispenser the prescriber's or dispenser's individual use of the controlled substance database.
([2016 H.B. 375](#), Christensen)
74. DOPL urged by the Legislature and the Governor "to enhance its capacity to analyze the controlled substance database and alert doctors and pharmacists of patients that may be addicted to or misusing prescription drugs, and to continue developing the controlled substance database so that eventually the database is updated immediately when a drug is dispensed and doctors and pharmacists have 24-hour access to the information."
([2010 S.C.R. 2](#), Jones)

Content of Database — Overdose, DUI Convictions, CSA Convictions

75. Information already reported by hospitals and courts on overdose and convictions for controlled substance DUI is entered into the database. Additionally, courts are required to report convictions for certain Controlled Substance Act violations, which are also entered into the database.
([2016 H.B. 114](#), Ward)
76. Information obtained from other state or federal prescription monitoring programs by means of the database is subject to the same access restrictions and penalties for improper release or use as other information in the database.
([2012 H.B. 257](#), Daw)

Data Submission

77. Real-time or 24-hour/next business day submission of data by pharmacies required beginning January 1, 2016.
([2015 H.B. 395](#), Redd)

78. Two-year pilot program for real-time reporting of data to the database by pharmacists and real-time access of data from the database by all users, to be made permanent on a statewide basis by July 1, 2010.
([2008 H.B. 119](#), Daw)

Liability Protection

79. Immunity from civil liability extended to those who access and review information in the controlled substance database.
([2016 H.B. 375](#), Christensen)

Notification to Designated Third Parties

80. Patient may designate a third party to be notified each time a controlled substance is dispensed to the patient
([2016 H.B. 150](#), Daw)

TREATMENT

81. Process established for an individual to receive court-ordered treatment for a substance use disorder.
([2017 H.B. 286](#), Christensen)
82. Utah Substance Use and Mental Health Advisory Council required to convene a workgroup to study the negative impacts of unlicensed or poorly managed recovery residences on clients and others, and how to promote residence licensure and the adoption of management best practices.
([2017 S.B. 261](#), Mayne)
83. Division of Substance Abuse and Mental Health within the Utah Department of Human Services directed to establish minimum standards for licensed public and private providers of substance abuse programs and to make other rules to reduce fraud and improve quality of treatment services.
([2016 H.B. 259](#), Hutchings)
84. Syringe exchange programs authorized. Programs required to instruct recipients of new syringes on how to obtain naloxone.
([2016 H.B. 308](#), Eliason)
85. Application of the Drug-Related Offenses Reform Act expanded beyond persons convicted of a felony to any convicted offenders determined to be eligible under an implementation plan developed by the Utah Substance Use and Mental Health Advisory Council.
([2016 H.B. 342](#), Ray)

RESEARCH INSTITUTIONS

86. Cannabinoid Product Board within the Department of Health created to evaluate the safety and efficacy of, and develop treatment guidelines for, cannabis products with a cannabidiol to THC ratio of at least 10:1. Participants in approved studies of such products exempted from prosecution under the Utah Controlled Substances Act.
([2017 H.B. 130](#), Daw)

87. “[R]esearch institutions such as the University of Utah, USTAR, University of Utah Medical School, Huntsman Cancer Institute, Veterans Affairs Medical Center, and others” encouraged “to collaborate on determining the feasibility of a formal study of the medical benefits of marijuana” and to “report their findings...as appropriate or feasible” to the Legislature.
([2016 S.C.R. 11](#), Shiozawa)

FEDERAL GOVERNMENT

88. Congress and the federal government urged to reclassify marijuana from a Schedule I drug to a Schedule II drug.
([2016 S.C.R. 11](#), Shiozawa)

OTHER POLICIES

Disposal of Unused Prescription Drugs

89. April “commemorated yearly as Clean Out the Medicine Cabinet Month to recognize the urgent need to make Utah homes and neighborhoods safe from prescription medication abuse and poisonings by the proper home storage and disposal of prescription and over-the-counter medications, and to educate citizens about the permanent medication disposal sites in Utah listed on [UseOnlyAsDirected.org] that allow disposal throughout the year.”
([2011 H.B. 241](#), Morley)

Overdose Response — Naloxone, Education, Reporting

90. Department of Health directed to establish, in consultation with professional licensing boards for physicians, scientifically based guidelines for controlled substance prescribers to co-prescribe naloxone with an opioid.
([2017 S.B. 258](#), Mayne)
91. Overdose outreach providers authorized to furnish naloxone to other overdose outreach providers. Pharmacists included in the definition of “overdose outreach provider.”
([2017 H.B. 66](#), Moss)
92. Naloxone, like glucagon and seizure rescue medications, exempted from the storage, training, and parental consent requirements applicable to other medications administered by a school to a K-12 student.
([2017 H.B. 209](#), McKell)
93. Opiate Overdose Outreach Pilot Program (grants by Department of Health for the purchase of naloxone to persons that are in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event).
([2016 H.B. 192](#), McKell)

94. Prescribing and dispensing of naloxone to “overdose outreach providers,” including law enforcement agencies, fire departments, emergency medical services providers, substance abuse providers, substance abuse support groups, agencies providing services to the homeless, local health departments, and individuals, who may subsequently furnish the naloxone to individuals at risk of experiencing an opiate-related drug overdose event or to other individuals who are in a position to assist them. Dentists authorized to prescribe and dispense naloxone without civil liability.
([2016 H.B. 238](#), Moss)
95. Standing orders for pharmacy dispensing of naloxone.
([2016 H.B. 240](#), Eliason)
96. Drug overdose deaths declared by the Legislature and the Governor to be a public health emergency.
([2016 H.C.R. 4](#), Moss)
97. Good Samaritan reporting law.
([2014 H.B. 11](#), Moss)
98. Naloxone prescribing, dispensing, and immunity law.
([2014 H.B. 119](#), Moss)

Scheduled Substances

99. Cannabidiol included in a drug product approved by the United States Food and Drug Administration listed as a Schedule V controlled substance.
([2017 S.B. 219](#), Shiozawa)
100. U-47700 (“pink”) and other substances added as either Schedule I controlled substances or listed controlled substances.
([2017 H.B. 110](#), Ray)
101. Carisoprodol (“Soma”) added as a Schedule IV controlled substance.
([2010 H.B. 30](#), Beck)

Source: Office of Legislative Research and General Counsel, 5/10/16. Updated 3/21/17. See also *Use Only as Directed* at the Utah Department of Health (<http://useonlyasdirected.org/>) and [Prescribing Practice in Utah: 2002-2015](#), by the Utah Department of Health and the Division of Occupational and Professional Licensing within the Utah Department of Commerce.