

ALTERNATIVE PAIN MANAGEMENT STUDY

2018 GENERAL SESSION

STATE OF UTAH

LONG TITLE**General Description:**

This bill enacts provisions related to the duties of the Department of Health.

Highlighted Provisions:

This bill:

- ▶ defines terms;
- ▶ provides that the Department of Health shall study the availability, efficacy, benefits, and risks of nonopiate pain management therapies;
- ▶ addresses the required contents of the study; and
- ▶ requires the Department of Health to submit a report on the study's findings to the Business and Labor Interim Committee and the Health and Human Services Interim Committee.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

63I-2-226, as last amended by Laws of Utah 2017, Chapters 126, 155, 413, and 419

ENACTS:

26-1-36.5, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **26-1-36.5** is enacted to read:

26-1-36.5. Alternative pain management study.

(1) As used in this section:

(a) (i) "Alternative pain management therapy" means:

(A) a product or substance used to relieve or manage pain that is not an opiate and is

- 33 not dangerously addictive; or
- 34 (B) a noninvasive physical therapy used to relieve or manage pain.
- 35 (ii) "Alternative pain management therapy" includes a combination of products,
36 substances, or physical therapies described in Subsection (1)(a)(i).
- 37 (b) "Kratom" means Mitragyna speciosa.
- 38 (c) "Medical food" means the same as that term is defined in 21 U.S.C. 360ee.
- 39 (d) "Opiate" means the same as that term is defined in Section 58-37-2.
- 40 (2) (a) In accordance with Subsection (2)(b), the department shall study the availability,
41 efficacy, benefits, and risks of alternative pain management therapies.
- 42 (b) As part of the study described in Subsection (2)(a), the department shall:
- 43 (i) identify known alternative pain management therapies, including medical foods and
44 kratom;
- 45 (ii) for each alternative pain management therapy identified under Subsection (2)(b)(i):
- 46 (A) identify and analyze current state or federal law, including United States Food and
47 Drug Administration regulations, that impact an individual's use of the alternative pain
48 management therapy;
- 49 (B) identify and analyze any proposed changes to state or federal law, including United
50 States Food and Drug Administration regulations, that if enacted would impact an individual's
51 use of the alternative pain management therapy;
- 52 (C) collect and analyze the available scientific and clinical data and literature,
53 including any evidence-based clinical reports, on the alternative pain management therapy;
- 54 (D) identify the information that is currently unknown about the alternative pain
55 management therapy;
- 56 (E) analyze any barriers to a physician treating a patient with the alternative pain
57 management therapy or to a patient accessing the alternative pain management therapy,
58 including insurance coverage;
- 59 (F) recommend whether the alternative pain management therapy should be subject to
60 state regulation, and if so, the type of regulation necessary to ensure public safety and
61 reasonable accessibility;
- 62 (G) summarize any existing regulatory schemes in other states that apply to the
63 alternative pain management therapy; and

64 (H) analyze the potential impact the alternative pain management therapy could have
65 on reducing the use of opiates for pain relief or management and on reducing the costs and
66 health impacts of opiate use and abuse in the state;

67 (iii) review the Utah Clinical Guidelines on Prescribing Opioids to determine whether
68 the Utah Clinical Guidelines on Prescribing Opioids should be revised to facilitate use of
69 alternative pain management therapies;

70 (iv) study and make recommendations regarding effective education for physicians on
71 alternative pain management therapies; and

72 (v) solicit and receive input from persons interested in alternative pain management
73 therapies, including physicians, first responders, health insurers, alternative pain management
74 therapy providers, product manufacturers, product distributors, and patients.

75 (3) (a) On or before November 1, 2018, the department shall prepare a written report of
76 the study's findings and submit the report to the Business and Labor Interim Committee and the
77 Health and Human Services Interim Committee.

78 (b) Upon request, the department shall present the report described in Subsection (3)(a)
79 to the Business and Labor Interim Committee and the Health and Human Services Interim
80 Committee.

81 Section 2. Section **63I-2-226** is amended to read:

82 **63I-2-226. Repeal dates -- Title 26.**

83 (1) Section 26-1-36.5 is repealed November 30, 2018.

84 ~~[(1)]~~ (2) Section 26-8a-107 is repealed July 1, 2019.

85 ~~[(2)]~~ (3) Subsections 26-10-12(2) and (4) are repealed July 1, 2017.

86 ~~[(3)]~~ (4) Title 26, Chapter 46, Utah Health Care Workforce Financial Assistance
87 Program, is repealed July 1, 2027.

88 ~~[(4)]~~ (5) Title 26, Chapter 59, Telehealth Pilot Program, is repealed January 1, 2020.