



Utah State Legislature

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Options for Addressing the Supply Side of the Opioid Epidemic

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Summary

The State of Utah is facing what has been referred to as the most devastating drug epidemic in our nation's history. Its effects are hitting our state especially hard, leading to a loss of six Utahns every single week from opioid overdose. Over the past decade, the Utah Legislature has sought, and will continue to seek, innovative yet proven solutions to address what has truly become the greatest health crisis in a generation.

Opioid outreach efforts are taking place in two categories: (1) supply and (2) demand. Though as a state we have already taken significant steps to address the problem, opioid overdose deaths have continued to increase and the Legislature may want to take additional steps.

Recommendations

1. Medicaid reimbursement should include alternative treatments for pain before, or in conjunction with, opioids.
2. The state should provide support to assist prescribers in setting their medical software prescribing defaults according to Centers for Disease Control (CDC) guidelines.
3. [Expedited scheduling](#) of novel psychoactive substances (NPS).

Background

1. **Medicaid reimbursements should include alternative treatments for pain before, or in conjunction with, opioids.**
 - a. For example, Medicaid does not cover outpatient physical therapy treatments, though it will pay for a physical therapy *evaluation*. It does, however, pay for opioids. [Orthopedic](#) surgeons prescribe more opioids than any other surgical specialty and much of the pain for which they prescribe could be mitigated with the use of physical therapy. This option is too expensive for Medicaid patients to pay out of pocket, but if available could reduce the amount of time and number of circumstances for which a patient would need an opioid prescription in many cases. Representative Ray Ward will introduce legislation.

2. **The state should provide support to assist prescribers in setting their medical software prescribing defaults according to Centers for Disease Control (CDC) guidelines.** Intermountain Healthcare is already choosing to do this. Setting defaults to CDC guidelines helps in the education process and requires a prescriber to make a conscious choice when prescribing outside of recommended guidelines. It allows that choice to be made, but not without thought.
 - a. With the passage of [HB 260](#) (2018), the Division of Occupation and Professional Licensing (DOPL) was given the authority to provide education or training to opioid prescribers with a pattern of overprescribing and they have a dedicated staffer for this purpose, according to Representative Ray Ward. This individual could potentially also work with providers to make their presets CDC compliant without the need to hire additional staff. Representative Ward will introduce legislation.
3. **[Expedited scheduling](#) of novel psychoactive substances (NPS).** Each illegal substance is listed according to a precise chemical structure, and new chemical compounds must be individually scheduled or listed. Manufacturers developing NPS can circumvent controlled substance laws by reconfiguring the chemical structure of their products, which they do on a regular basis. Once a new version is seized and analyzed, a significant period of time could pass before it is deemed illegal by the Legislature in an upcoming session. An expedited scheduling process would allow a state agency to schedule NPS on an expedited basis for a limited period, during which the Legislature could then take action the next time they are in session.
 - a. The state has already worked to automatically schedule [analogs](#), homologs and [synthetic equivalents](#) of a number of [drugs](#) based on a base formula, as well as made it easier to prove the similarity of a [new chemical substance](#) to an already scheduled substance.
 - b. There exist some potential legal issues that would need to be worked through, but it is an area worthy of continued discussion and investigation.

Other Possible Solutions

1. Increasing penalties/new offenses for trafficking in opioids or specific opioids like fentanyl.
2. Review of past legislation, on an ongoing basis, as it relates to prescribing practices and level of compliance. This year, this will be done at an October Interim committee meeting.
3. Expanded prescriber consultation information.
 - a. 2018's failed [HB 400](#) would have required a prescriber, upon giving an initial opiate prescription, to discuss with the patient the risks and dangers.