PRESCRIPTION DRUG MISUSE:
POLICY RESPONSES ENACTED BY THE UTAH LEGISLATURE OR VOTER INITIATIVE, 2007-2019

This list is not necessarily comprehensive. For example, it does not include policies that address mental health disorders generally but not substance use disorders specifically. Nor does it include medical cannabis legislation enacted in 2014 and 2017.

Suggestions for additions are welcome.

Related appropriations are not included.

Responses are sorted by stakeholder, in reverse chronological order.

Legislation passed during the 2019 Annual General Session of the Legislature or during the 2018 Third Special Session is highlighted in yellow.
Ballot proposals approved at the 2018 General Election are also highlighted in yellow.

PATIENTS

1. Suspension of a driver license for six months for violation of certain drug offenses is limited to an operator of a vehicle.
(2018 H.B. 144, Maloy)

2. 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)

3. 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)

4. 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.medicationdisposal.utah.gov/disposal_locations_events.htm#hhhw, 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)

5. 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

6. For the prescription of a Schedule II or Schedule III opioid, prescribers may satisfy the requirements to check the controlled substance database by using an electronic health record system connected to the database.
(2018 H.B. 127, Fawson)

7. Prescribers are exempt from the requirements to check the controlled substance database for the prescription of a Schedule II or Schedule III opioid in cases of an emergency, suspension or disruption in the operation of the database, or failure in the operation or availability of the Internet.
(2018 H.B. 127, Fawson)

8. Statutory exceptions to the requirement for a prescriber to check the controlled substance database for a first-time prescription of a Schedule II or Schedule III opioid are repealed and replaced with a requirement for DOPL to review prescriber behavior for compliance with published prescribing guidelines.
(2018 H.B. 127, Fawson)

9. Prescribers required to check the controlled substance database before issuing the first prescription of a Schedule II or Schedule III opioid to a patient unless the prescription is for three days or less, the prescription is for a 30-day post-surgery supply, or the prescriber has prior knowledge of the patient's prescription history. For repeated prescriptions of a Schedule II or Schedule III opioid, prescribers are required to periodically check the database.
(2017 H.B. 50, Ward)

10. 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)

11. 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)

12. 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

13. 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)

14. 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)

15. 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

16. 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

17. Except in certain instances, a prescriber is prohibited from issuing an initial opiate prescription unless the prescriber discusses with the patient, or the patient's guardian if the patient is a minor, the risks of addiction and overdose associated with opiate drugs; the dangers of taking opiates with alcohol, benzodiazepines, and other central nervous system depressants; the reasons why the prescription is necessary; alternative treatments that may be available; and other risks associated with the use of the drugs being prescribed.
(2019 H.B. 191, Eliason)

18. 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

19. DOPL authorized to consult with a prescriber or health care system to assist the prescriber or health care system in following evidence-based guidelines regarding the prescribing of controlled substances. DOPL also authorized to offer a practitioner an educational visit to review the medical examiner's report regarding the death of a patient of the practitioner by poisoning or overdose involving a prescribed controlled substance.
(2019 H.B. 186, Ward)

20. Completion of the online test and tutorial on the purpose and use of the controlled substance database is still required as a condition of licensure to prescribe a controlled substance but is no longer counted as a 0.5 hour credit of continuing education. The minimum continuing education hours required for renewal of a controlled substance prescriber license is reduced from 4.0 hours to 3.5 hours.
(2018 H.B. 37, Dunnigan)

21. Controlled substance prescribers required to receive at least 3.5 hours of one-time training on screening, brief intervention, and referral to treatment (SBIRT) as a condition of license renewal for a licensing period beginning after January 1, 2024. Medicaid and PEHP required to pay for SBIRT services provided by prescribers who have completed the training.
(2017 H.B. 175, Eliason)

22. 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)

23. 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)

24. 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)

25. 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)

26. 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

27. Conditions under which an advanced practice registered nurse may prescribe a Schedule II or Schedule III controlled substance, including a substance for chronic pain, without a consultation and referral plan modified.
(2019 H.B. 336, Dunnigan)

28. Knowingly failing to report to law enforcement known or suspected drug diversion by a practitioner, unless the reporting would violate HIPAA, made a class B misdemeanor.
(2019 H.B. 251, Eliason)

29. Resolved that health care professionals be advised about the dangers of opioid-induced respiratory depression and the need for in-home monitoring of patients who are prescribed an opioid after surgery.
(2018 S.C.R. 4, Van Tassel)

30. Opioid prescriptions for acute, non-complex, non-chronic conditions limited to seven days.
(2017 H.B. 50, Ward)

Prescription Integrity

31. 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

32. 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

Controlled Substance Database – Use Of

33. 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)

34. 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)

35. 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

36. 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

37. Pharmacists must affix a label to Schedule II and Schedule III opiates warning of the risk of overdose and addiction.
(2018 H.B. 399, Eliason)

38. "[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

39. 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

40. Pharmacists must display and are encouraged to use an informational pamphlet developed by the Department of Health, in conjunction with the Division of Substance Abuse and Mental Health, covering the risks of opioid dependency and addiction, storage and disposal of opioids, alternatives to opioids for pain management, the benefits of naloxone, how to obtain naloxone, and resources for persons with a substance use disorder.
(2018 H.B. 399, Eliason)

41. 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

42. 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

43. 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

44. 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)

45. 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

Informational Pamphlet

46. The Department of Health, in conjunction with the Division of Substance Abuse and Mental Health, must produce, distribute, evaluate, and revise as necessary a pamphlet covering the risks of opioid dependency and addiction, storage and disposal of opioids, alternatives to opioids for pain management, the benefits of naloxone, how to obtain naloxone, and resources for persons with a substance use disorder.
(2018 H.B. 399, Eliason)

Patient Education Survey

47. 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

48. 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)

49. 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)

50. "...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

51. 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

52. The Department of Health urged to convene a multi-stakeholder, cross-sector group dedicated to gathering data and best practices to avoid deaths from opioid-induced postoperative respiratory depression. Resolved that the state of Utah make every effort to avoid the continuing needless deaths that result from the use of opioids throughout the state.
(2018 S.C.R. 4, Van Tassel)

53. 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)

54. 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)

Suing Opioid Manufacturers

55. Utah Attorney General called upon to immediately and publicly commit to directly filing suit against prescription opioid manufacturers, instead of joining a suit with other plaintiffs, in order to seek the maximum award for damages from prescription opioid manufacturers for the citizens of the state, and to proceed with haste to file suit.
(2018 H.J.R. 12, McKell)

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING — CONTROLLED SUBSTANCE DATABASE

Access

56. Access by members of Utah's Opioid Fatality Review Committee for the purpose of reviewing a specific fatality due to opioid use and recommending policies to reduce the frequency of opioid use fatalities.
(2018 H.B. 158, Daw)

57. Access to opioid prescription information in the database via practitioner data management systems.
(2016 H.B. 239, Rep. M. McKell)

58. Access to nonidentifying information by law enforcement officers working with DOPL.
(2016 H.B. 149, Daw)

59. Access by certain probation and parole officers.
(2016 H.B. 149, Daw)

60. Access by the Medical Examiner's office.
(2016 S.B. 136, Vickers)

61. 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)

62. 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)

63. Access by a patient to information about the patient in the database.
(2015 S.B. 119, Weiler)

64. Access by patient to list of persons that have requested information from the database about the person.
(2015 S.B. 119, Weiler)

65. Negligent or reckless release of database information is a class C misdemeanor.
(2015 S.B. 119, Weiler)

66. Access by up to five pharmacy technicians or interns employed by a pharmacy.
(2015 S.B. 158, Vickers)

67. Access by Medicaid managed care organizations.
(2014 S.B. 29, A. Christensen)

68. Access by up to three pharmacy technicians employed by a pharmacy.
(2014 S.B. 178, Vickers)

69. 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)

70. Access by a designated employee of a business that employs the prescriber.
(2012 H.B. 257, Daw)

71. Access by an emergency room employee designated by a prescriber employed in the emergency room.
(2012 H.B. 257, Daw)

72. 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)

73. Access via the database to information supplied by prescription drug monitoring programs of other states or the federal government.
(2012 H.B. 257, Daw)

74. Access by authorized physicians reviewing and offering an opinion on an individual's request for workers' compensation benefits.
(2011 S.B. 248, Bramble)

75. Access by employees of the Office of Internal Audit and Program Integrity within the Department of Health.
(2011 H.B. 358, Eliason)

76. Access by the Inspector General of Medicaid Services.
(2011 H.B. 84, Clark)

77. Access by discovery, subpoena, or similar compulsory processes in criminal proceedings prohibited.
(2010 H.B. 28, Daw)

78. Access by Department of Health employees requires a written agreement between the department and DOPL.
(2010 H.B. 186, Menlove)

79. 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)

80. Access by mental health therapists for specific purposes.
(2009 H.B. 106, Daw)

81. Up to three prescriber employees approved by DOPL may access the database on the prescriber's behalf.
(2009 H.B. 106, Daw)

82. 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)

83. A person may not access information in the database about a deceased relative.
(2009 H.B. 106, Daw)

84. Information about prospective and former patients may be accessed by a prescriber for specific purposes.
(2009 H.B. 106, Daw)

85. Access by pharmacists not limited to current patients, if sought to determine fraud.
(2009 H.B. 106, Daw)

86. 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)

87. Access by a prescriber related to any use of the prescriber's DEA identification number.
(2009 H.B. 106, Daw)

88. Public education about database by the Department of Health.
(2008 H.B. 119, Daw)

89. Any attempt to obtain information from the database for an unauthorized purpose is a third degree felony.
(2008 H.B. 119, Daw)

90. 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, Compliance, Education

91. DOPL required to review the controlled substance database to identify prescribers who have a pattern of prescribing opioids not in accordance with the recommendations of the CDC Guideline for Prescribing Opioids for Chronic Pain, the Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain, or other publications identified by DOPL rule describing best practices related to opioid prescribing. DOPL required to offer education to identified prescribers. DOPL prohibited from using identification of a prescriber in a licensing investigation or action by DOPL.
(2018 H.B. 127, Fawson)

92. 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)

93. 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

94. DOPL authorized to require pharmacists to submit information about noncontrolled substances to the controlled substance database.
(2019 H.B. 449, Ray)

95. The type of information that a pharmacist, and beginning in 2018, a pharmacist in charge, must submit to the controlled substance database is determined by DOPL rule rather than by statute.
(2018 H.B. 158, Daw)

96. 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)

Data Submission

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

98. 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

99. 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

100. 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

Correctional Facilities

101. Commission on Criminal and Juvenile Justice required to create a committee to survey and make recommendations regarding policies, procedures, and protocols of jails and Department of Corrections facilities for the treatment of an inmate in a county jail experiencing a substance use or mental health disorder, including withdrawal from alcohol or other drugs, and the provision of medication and mental health treatment for

an inmate who is transferred from a county jail to the Department of Corrections. The Commission is required to present the committee's recommendations to the Law Enforcement and Criminal Justice Interim Committee before November 30, 2019.
(2019 H.B. 398, Daw)

102. Annual reporting by jails and the Department of Corrections to the Commission on Criminal and Juvenile Justice expanded to include policies, procedures, and protocols that relate to screening, assessment, and treatment of an inmate for a substance use or mental health disorder.
(2019 H.B. 398, Daw)

103. Utah Substance Use and Mental Health Advisory Council required to convene a stakeholder workgroup to identify 1) treatment and other resources available to an offender suffering from alcohol or substance use withdrawal in a county jail in the state; 2) other issues regarding substance use disorder related treatment in county jails in the state; and 3) the number of deaths in county jails in the state after December 31, 2012, and before January 1, 2017. The council is required to present its findings, including any recommendations for legislation, to the Law Enforcement and Criminal Justice Interim Committee before November 30, 2018.
(2018 S.B. 205, Weiler)

104. Department of Corrections and county jails required to report annually to the Commission on Criminal and Juvenile Justice on 1) their policies for treatment of an inmate experiencing withdrawal from alcohol or substance use; 2) their policies relating to the provision, or lack of provision, of medications used to treat, mitigate, or address an inmate's symptoms of withdrawal, including methadone and all forms of buprenorphine and naltrexone; and 3) the number of in-custody deaths during the preceding year and the causes and contributing factors of each in-custody death. The Commission compiles and redacts the reports and submits the results to the Law Enforcement and Criminal Justice Interim Committee and the Utah Substance Use and Mental Health Advisory Council.
(2018 S.B. 205, Weiler)

Court-Ordered Treatment

105. A person who is the subject of a petition for court-ordered essential treatment and intervention for substance use disorder is examined by one essential treatment examiner rather than two if the subject has received emergency, life-saving treatment within 30 days of the filing of the petition or during pendency of the petition. A relative of a person who is the subject of a petition and has received emergency, life-saving treatment may become the person's personal representative under specified conditions for the disclosure of protected health information related to care of the person for substance use disorder.
(2018 H.B. 366, Christensen)

106. Process established for an individual to receive court-ordered treatment for a substance use disorder.
(2017 H.B. 286, Christensen)

Medicaid

107. Medicaid eligibility expansion approved by voters in the 2018 General Election replaced with a four-phase expansion. The ultimate extent of the expansion, federal financial

participation, the state's control over spending, and other provisions will depend on which phases are approved by the federal government and will be determined no later than July 1, 2020. (2019 S.B. 96, Christensen)

108. Beginning April 1, 2019, eligibility for Medicaid expanded to include all adults below 138% of the federal poverty level who were not previously eligible for Medicaid. (Utah Decides Healthcare Act of 2018, a ballot proposal approved by voters at the 2018 General Election.)

109. Department of Health required to apply for a Medicaid expansion waiver that would extend eligibility to individuals with income up to the federal poverty guideline, be dependent on federal funding of 90% of expansion costs, permit the state to cap enrollment if costs exceed funds appropriated by the state, and meet other requirements.
(2018 H.B. 492, Spendlove)

110. Department of Health required to apply for a Medicaid Primary Care Network enhancement waiver that would allow an eligible individual to receive, among other services, outpatient behavioral health care, including outpatient substance abuse care. Application for the waiver is dependent on the outcome of the application for a Medicaid expansion waiver under 2018 H.B. 472.
(2018 H.B. 325, Eliason)

111. Department of Health required to amend the state Medicaid plan to allow, under certain conditions, temporary residential treatment for substance abuse for the traditional Medicaid population in a short-term, non-institutional, 24-hour facility that has no bed capacity limit and that provides rehabilitation services that are medically necessary and in accordance with an individualized treatment plan.
(2016 H.B. 437, Dunnigan)

112. Department of Health required to apply for a Health Coverage Improvement Program waiver that would expand Medicaid eligibility on a priority basis to individuals who are chronically homeless; involved with the justice system and in need of substance abuse or mental health treatment; or in need of substance abuse or mental health treatment.
(2016 H.B. 437, Dunnigan)

Treatment Providers

113. DOPL required, in consultation with pharmacies, physicians, and practitioners who work in an opioid treatment program, to make rules to establish guidelines under which a practitioner may dispense methadone at an opioid treatment program.
(2019 H.B. 398, Daw)

114. Nurse practitioners, physician's assistants, and registered nurses authorized to dispense methadone at an opioid treatment program — regardless of whether they are licensed under the Pharmacy Practice Act to dispense methadone — if the practitioner is operating under the direction of a pharmacist, dispenses the methadone under the direction of a pharmacist, and acts in accordance with DOPL rules.
(2019 H.B. 398, Daw)

115. Remuneration for the referral of an individual, including an individual's clinical sample, for substance use disorder treatment is a class A misdemeanor, with certain exceptions.
(2018 S.B. 222, Davis; 2018 H.B. 14, Hutchings)

116. 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)

117. 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)

Other

118. 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 AND OTHERS

119. Hospitals and academics urged to collect more data about the risks of taking an opioid after surgery and the deaths resulting from opioid-induced postoperative respiratory depression.
(2018 S.C.R. 4, Van Tassell)

120. Duties of the Cannabinoid Product Board within the Department of Health expanded to include evaluating the safety and efficacy of, and developing treatment guidelines for, expanded cannabinoid products, which have a cannabidiol to THC ratio less than 10:1.
(2018 H.B. 25, Daw)

121. Cannabinoid Product Board within the Department of Health created to evaluate the safety and efficacy of, and develop treatment guidelines for, cannabinoid products, which have 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. Guidelines are to be reported to DOPL and the Health and Human Services Interim Committee. Annual reports of findings are also to be made to the Health and Human Services Interim Committee.
(2017 H.B. 130, Daw)

122. "…[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

123. United States Drug Enforcement Administration requested to respond to the Utah Attorney General's request for a pilot program to allow local law enforcement agencies

to place and operate pharmaceutical drop boxes in local pharmacies. U.S. Drug Enforcement Administration called on to act quickly to support the state in its efforts to address the opioid epidemic by approving the pharmaceutical drop box pilot program.
(2019 H.C.R. 1, Daw)

124. 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

Cannabis

125. The President of the United States and Congress urged to remove the barriers that prohibit the medical cannabis industry from legally accessing banking services.
(2019 S.C.R. 7, Anderegg)

126. Limit on the growing, cultivation, and marketing of industrial hemp to only a Department of Agriculture and Food licensee participating in a research pilot program repealed. Department required to establish requirements for a license to grow, cultivate, process, or market industrial hemp. Requirement for the department to seek a federal waiver from the Controlled Substances Act for certain cannabidiol products repealed. Provision allowing the department to seize and destroy a cannabidiol product offered for sale that is not registered with the department repealed. Other changes made.
(2019 S.B. 105, Vickers)

127. Certain medical professionals authorized to recommend medical cannabis before qualified medical provider registration is available. Request for proposal requirements for a third-party electronic verification system amended to ensure that the provider does not have an ownership interest in a cannabis production establishment or a medical cannabis pharmacy. Quantity limits for possession during the decriminalization period clarified. Other changes made.
(2019 S.B. 161, Escamilla)

128. Provisions related to the cultivation, processing, medical recommendation, and patient use of medical cannabis amended and enacted.
(2018 H.B. 3001, Hughes)

129. Cultivation, processing, medical recommendation, and patient use of medical cannabis under Utah law expanded.
(The Utah Medical Cannabis Act, a ballot proposal approved by voters at the 2018 General Election.)

130. Utah Right to Try Act expanded to include the use of cannabis grown by a state-approved grower and processed into a medicinal dosage form. A physician may recommend up to a one-month supply of medicinal dosage form cannabis for up to 25 terminally ill patients expected to die within six months. A recommendation may be renewed as long as the physician believes the cannabis may benefit the patient.
(2018 H.B. 195, Daw)

131. Department of Agriculture and Food required, by January 1, 2019, to ensure the cultivation of cannabis in the state and that cannabis cultivated in the state may be

processed into a medicinal dosage form. Cannabis processed into a medicinal dosage form may be sold through a state dispensary to qualified academic research institutions, qualified medical research institutions, and terminally ill patients with a physician recommendation under the Utah Right to Try Act.
(2018 H.B. 197, Daw)

Disposal of Unused Prescription Drugs

132. Nursing care facilities required to develop a written plan for the disposal of controlled substances and to dispose the controlled substances in a manner that complies with federal and state requirements and renders the controlled substances irretrievable.
(2018 S.B. 85, Mayne)

133. 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

134. 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)

135. 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)

136. 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)

137. 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)

138. 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)

139. Standing orders for pharmacy dispensing of naloxone.
(2016 H.B. 240, Eliason)

140. Drug overdose deaths declared by the Legislature and the Governor to be a public health emergency.
(2016 H.C.R. 4, Moss)

141. Good Samaritan reporting law.
(2014 H.B. 11, Moss)

142. Naloxone prescribing, dispensing, and immunity law.
(2014 H.B. 119, Moss)

Scheduled Substances

143. Utah Clandestine Laboratory Act amended to prohibit the possession, sale, or distribution of a controlled substance in connection with a clandestine laboratory operation; to add production of a counterfeit opioid as a potential element for determining a first-degree felony; and to address pill press machines and other equipment.
(2019 S.B. 43, Mayne)

144. Tramadol rescheduled from Schedule V to Schedule IV.
(2019 H.B. 449, Ray)

145. Several fentanyl-related substances added to the list of Schedule I controlled substances. Other substances, including several synthetic cannabinoids, added to the list of listed controlled substances.
(2018, H.B. 434)

146. 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)

147. U-47700 ("pink") and other substances added as either Schedule I controlled substances or listed controlled substances.
(2017 H.B. 110, Ray)

148. Carisoprodol (“Soma”) added as a Schedule IV controlled substance.
(2010 H.B. 30, Beck)

Syringe Exchange

149. Syringe exchange programs authorized. Programs required to instruct recipients of new syringes on how to obtain naloxone.
(2016 H.B. 308, Eliason)

Other

150. Distribution, possession, or sale of an adulterant or synthetic urine made a criminal offense.
(2019 H.B. 16, Eliason)

151. Kratom Consumer Protection Act created. (2019 S.B. 58, Bramble)

Source: Office of Legislative Research and General Counsel, 5/10/16. Updated 3/21/17, 5/11/18, and 9/11/19. 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.

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