

Purpose

Permits a health insurer to enact policies related to limiting opioid addiction and overdose, as well as non-narcotic pain treatment and medication-assisted treatment for patients with an opioid dependence disorder.

Current Sunset Date

June 1, 2022 (Utah Code Sections [631-1-231](#))

Sections of Code that Sunset

- [31A-22-615.5](#)

31A-22-615.5. Insurance coverage for opioids – Policies – Reports.

(1) For purposes of this section:

(a) "Health care provider" means an individual, other than a veterinarian, who:

- (i) is licensed to prescribe a controlled substance under [Title 58, Chapter 37, Utah Controlled Substances Act](#); and
- (ii) possesses the authority, in accordance with the individual's scope of practice, to prescribe Schedule II controlled substances and Schedule III controlled substances that are applicable to opioids and benzodiazapines.

(b) "Health insurer" means:

- (i) an insurer who offers health care insurance as that term is defined in Section [31A-1-301](#);
- (ii) health benefits offered to state employees under Section [49-20-202](#); and
- (iii) a workers' compensation insurer:
 - (A) authorized to provide workers' compensation insurance in the state; or
 - (B) that is a self-insured employer as described in Section [34A-2-201](#).

(c) "Opioid" has the same meaning as "opiate," as that term is defined in Section [58-37-2](#).

(d) "Prescribing policy" means a policy developed by a health insurer that includes evidence based guidelines for prescribing opioids, and may include the 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain, or the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain.

(2) A health insurer that provides prescription drug coverage may enact a policy to minimize the risk of opioid addiction and overdose from:

- (a) chronic co-prescription of opioids with benzodiazapines and other sedating substances;
- (b) prescription of very high dose opioids in the primary care setting; and
- (c) the inadvertent transition of short-term opioids for an acute injury into long-term opioid dependence.

(3) A health insurer that provides prescription drug coverage may enact policies to facilitate:

- (a) non-narcotic treatment alternatives for patients who have chronic pain; and
- (b) medication-assisted treatment for patients who have opioid dependence disorder.

(4) The requirements of this section apply to insurance plans entered into or renewed on or after July 1, 2017.

- (5) (a) A health insurer subject to this section shall on or before July 15, 2020, and before each July 15 thereafter, submit a written report to the Utah Insurance Department regarding whether the insurer has adopted a policy and a general description of the policy.
- (b) The Utah Insurance Department shall, on or before October 1, 2017, and before each October 1 thereafter, submit a written summary of the information under Subsection [\(5\)\(a\)](#) to the Health and Human Services Interim Committee.
- (6) A health insurer subject to this section may share the policies developed under this section with other health insurers and the public.
- (7) This section sunsets in accordance with Section [631-1-231](#).