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Lieutenant Governor

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

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To: Health and Human Services Interim Committee
From: Division of Occupational and Professional Licensing (DOPL)
Utah Department of Commerce
Subject: Sunset Review Recommendations – Sunset Date July 1, 2022
Controlled Substances
Sections of Code that Sunset: 58-37-6(7)(f)(iii)

Subsection 58-37-6(7)(f)(iii) currently states:

(f) Except when administered directly to an ultimate user by a licensed practitioner, controlled substances are subject to the restrictions of this Subsection (7)(f).

.....

(iii) (A) A prescription for a Schedule II or Schedule III controlled substance that is an opiate and that is issued for an acute condition shall be completely or partially filled in a quantity not to exceed a seven-day supply as directed on the daily dosage rate of the prescription.

(B) Subsection (7)(f)(iii)(A) does not apply to prescriptions issued for complex or chronic conditions which are documented as being complex or chronic in the medical record.

(C) A pharmacist is not required to verify that a prescription is in compliance with Subsection (7)(f)(iii).

Is the statute necessary?

To date, DOPL has no record of complaints submitted against a practitioner for violation of these provisions, and DOPL has not taken an administrative action under this subsection. However, this does not mean that the subsection is not having an effect on prescribing practices, as the subsection instead appears to be having an impact through education. DOPL’s outreach efforts to educate and reduce the daily prescribed morphine milligram equivalent (MME) have been aided by Subsection 58-37-6(7)(f)(iii).

Is the statute accomplishing its objective?

It appears to be. DOPL has determined that Subsection 58-37-6(7)(f)(iii) has positively changed prescribing practices in numerous instances to reduce the risk of addiction. It is directly supporting a paradigm shift in the use of opiate pain medication.

Anecdotal evidence from numerous prescribers contacted by DOPL suggest that many



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doctors are prescribing medications such as Tramadol and Ibuprofen 800 MG for acute pain control, and patients are not asking for stronger medications or refills. The daily MME is below 50, and having a limit on acute prescriptions appears to have helped reduce the likelihood that a patient will become addicted to an opiate because of a 30-day prescription.

In particular, outreach efforts by DOPL that reached approximately 300 dentists across Utah, in rural counties as well as along the Wasatch Front, resulted in multiple reports from dentists that they have made a purposeful change in how they are prescribing substances because of this subsection. Many explained that the concerted effort of requiring database access and the limitations on prescribing controlled substances for acute care encouraged them to reduce the length and lower the number of prescribed medicines they are prescribing their patients, as well as the type of drugs they are prescribing.

Accordingly, as part of the Utah educational effort to reduce addiction and death from opiates, this subsection along with many other statutes appears to be having an impact.

Are there ways to improve the statute?

DOPL does not have any recommendations for modification.

For the foregoing reasons, DOPL would support reauthorization of Subsection 58-37-6(7)(f)(iii), and a potential new sunset date of July 1, 2032.

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