Effective 5/3/2023

Part 5
Treatment Access

26B-4-501 Definitions.

As used in this part:

(1) "Controlled substance" means the same as that term is defined in Title 58, Chapter 37, Utah Controlled Substances Act.

(2) "Critical access hospital" means a critical access hospital that meets the criteria of 42 U.S.C. Sec. 1395i-4(c)(2) (1998).

(3) "Designated facility" means:

(a) a freestanding urgent care center;

(b) a general acute hospital; or

(c) a critical access hospital.

(4) "Dispense" means the same as that term is defined in Section 58-17b-102.

(5) "Division" means the Division of Professional Licensing created in Section 58-1-103.

(6) "Emergency contraception" means the use of a substance, approved by the United States Food and Drug Administration, to prevent pregnancy after sexual intercourse.

(7) "Freestanding urgent care center" means the same as that term is defined in Section 59-12-801.

(8) "General acute hospital" means the same as that term is defined in Section 26B-2-201.

(9) "Health care facility" means a hospital, a hospice inpatient residence, a nursing facility, a dialysis treatment facility, an assisted living residence, an entity that provides home- and community-based services, a hospice or home health care agency, or another facility that provides or contracts to provide health care services, which facility is licensed under Chapter 2, Part 2, Health Care Facility Licensing and Inspection.

(10) "Health care provider" means:

(a) a physician, as defined in Section 58-67-102;

(b) an advanced practice registered nurse, as defined in Section 58-31b-102;

(c) a physician assistant, as defined in Section 58-70a-102; or

(d) an individual licensed to engage in the practice of dentistry, as defined in Section 58-69-102.

(11) "Increased risk" means risk exceeding the risk typically experienced by an individual who is not using, and is not likely to use, an opiate.

(12) "Opiate" means the same as that term is defined in Section 58-37-2.

(13) "Opiate antagonist" means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration for the diagnosis or treatment of an opiate-related drug overdose.

(14) "Opiate-related drug overdose event" means an acute condition, including a decreased level of consciousness or respiratory depression resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a person would reasonably believe to require medical assistance.

(15) "Overdose outreach provider" means:

(a) a law enforcement agency;

(b) a fire department;

(c) an emergency medical service provider, as defined in Section 26B-4-101;

(d) emergency medical service personnel, as defined in Section 26B-4-101;

(e) an organization providing treatment or recovery services for drug or alcohol use;

(f) an organization providing support services for an individual, or a family of an individual, with a substance use disorder;
(g) a certified peer support specialist, as defined in Section 26B-5-610;
(h) an organization providing substance use or mental health services under contract with a local substance abuse authority, as defined in Section 26B-5-101, or a local mental health authority, as defined in Section 26B-5-101;
(i) an organization providing services to the homeless;
(j) a local health department;
(k) an individual licensed to practice under:
(i) Title 58, Chapter 17b, Pharmacy Practice Act;
(ii) Title 58, Chapter 60, Part 2, Social Worker Licensing Act; or
(iii) Title 58, Chapter 60, Part 5, Substance Use Disorder Counselor Act; or
(l) an individual.
(16) "Patient counseling" means the same as that term is defined in Section 58-17b-102.
(17) "Pharmacist" means the same as that term is defined in Section 58-17b-102.
(18) "Pharmacy intern" means the same as that term is defined in Section 58-17b-102.
(19) "Physician" means the same as that term is defined in Section 58-67-102.
(20) "Practitioner" means:
(a) a physician; or
(b) any other person who is permitted by law to prescribe emergency contraception.
(21) "Prescribe" means the same as that term is defined in Section 58-17b-102.
(22)
(a) "Self-administered hormonal contraceptive" means a self-administered hormonal contraceptive that is approved by the United States Food and Drug Administration to prevent pregnancy.
(b) "Self-administered hormonal contraceptive" includes an oral hormonal contraceptive, a hormonal vaginal ring, and a hormonal contraceptive patch.
(c) "Self-administered hormonal contraceptive" does not include any drug intended to induce an abortion, as that term is defined in Section 76-7-301.
(23) "Sexual assault" means any criminal conduct described in Title 76, Chapter 5, Part 4, Sexual Offenses, that may result in a pregnancy.
(24) "Victim of sexual assault" means any person who presents to receive, or receives, medical care in consequence of being subjected to sexual assault.

Amended by Chapter 257, 2024 General Session

26B-4-502 Emergency contraception services for a victim of sexual assault.
(1) Except as provided in Subsection (2), a designated facility shall provide the following services to a victim of sexual assault:
(a) provide the victim with written and oral medical information regarding emergency contraception that is unbiased, accurate, and generally accepted by the medical community as being scientifically valid;
(b) orally inform the victim of sexual assault that the victim may obtain emergency contraception at the designated facility;
(c) offer a complete regimen of emergency contraception to a victim of sexual assault;
(d) provide, at the designated facility, emergency contraception to the victim of sexual assault upon her request;

(e) maintain a protocol, prepared by a physician, for the administration of emergency contraception at the designated facility to a victim of sexual assault; and
(f) develop and implement a written policy to ensure that a person is present at the designated facility, or on-call, who:
(i) has authority to dispense or prescribe emergency contraception, independently, or under the protocol described in Subsection (1)(e), to a victim of sexual assault; and
(ii) is trained to comply with the requirements of this section.
(2) A freestanding urgent care center is exempt from the requirements of Subsection (1) if:
(a) there is a general acute hospital or a critical access hospital within 30 miles of the freestanding urgent care center; and
(b) an employee of the freestanding urgent care center provides the victim with:
(i) written and oral medical information regarding emergency contraception that is unbiased, accurate, and generally accepted by the medical community as being scientifically valid; and
(ii) the name and address of the general acute hospital or critical access hospital described in Subsection (2)(a).
(3) A practitioner shall comply with Subsection (4) with regard to a person who is a victim of sexual assault, if the person presents to receive medical care, or receives medical care, from the practitioner at a location that is not a designated facility.
(4) A practitioner described in Subsection (3) shall:
(a) provide the victim with written and oral medical information regarding emergency contraception that is unbiased, accurate, and generally accepted by the medical community as being scientifically valid; and
(b)
(i)
(A) orally inform the victim of sexual assault that the victim may obtain emergency contraception at the facility where the practitioner is located; and
(B) provide emergency contraception to the victim of sexual assault, if she requests emergency contraception; or
(ii) inform the victim of sexual assault of the nearest location where she may obtain emergency contraception.
(5)
(a) The department may make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to enforce the provisions of this section.
(b) The department shall, in an expeditious manner, investigate any complaint received by the department regarding the failure of a health care facility to comply with a requirement of this section.
(c) If the department finds a violation of this section or any rules adopted under this section, the department may take one or more of the actions described in Section 26B-2-703.

Amended by Chapter 267, 2024 General Session

26B-4-503 Voluntary participation.

Sections 26B-4-504 through 26B-4-507 do not create a duty or standard of care for a person to prescribe or dispense a self-administered hormonal contraceptive.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-504 Authorization to dispense self-administered hormonal contraceptives.

Notwithstanding Title 58, Chapter 17b, Pharmacy Practice Act, a person licensed under Title 58, Chapter 17b, Pharmacy Practice Act, to dispense a self-administered hormonal contraceptive may dispense the self-administered hormonal contraceptive:
(1) to a patient who is 18 years old or older;
(2) pursuant to a standing prescription drug order made in accordance with Section 26B-4-505;
(3) without any other prescription drug order from a person licensed to prescribe a self-administered hormonal contraceptive; and
(4) in accordance with the dispensing guidelines in Section 26B-4-506.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-505 Standing prescription drug orders for a self-administered hormonal contraceptive.

A physician who is licensed to prescribe a self-administered hormonal contraceptive, including a physician acting in the physician's capacity as an employee of the department, or a medical director of a local health department, may issue a standing prescription drug order authorizing the dispensing of the self-administered hormonal contraceptive under Section 26B-4-504 in accordance with a protocol that:
(1) requires the physician to specify the persons, by professional license number, authorized to dispense the self-administered hormonal contraceptive;
(2) requires the physician to review at least annually the dispensing practices of those authorized by the physician to dispense the self-administered hormonal contraceptive;
(3) requires those authorized by the physician to dispense the self-administered hormonal contraceptive to make and retain a record of each person to whom the self-administered hormonal contraceptive is dispensed, including:
  (a) the name of the person;
  (b) the drug dispensed; and
  (c) other relevant information; and
(4) is approved by the department by administrative rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

Renumbered and Amended by Chapter 307, 2023 General Session

Effective until 10/1/2024
26B-4-506 Guidelines for dispensing a self-administered hormonal contraceptive.
(1) A pharmacist or pharmacist intern who dispenses a self-administered hormonal contraceptive under Section 26B-4-504:
  (a) shall obtain a completed self-screening risk assessment questionnaire, that has been approved by the division in collaboration with the Board of Pharmacy and the Physicians Licensing Board, from the patient before dispensing the self-administered hormonal contraceptive;
  (b) if the results of the evaluation in Subsection (1)(a) indicate that it is unsafe to dispense a self-administered hormonal contraceptive to a patient:
    (i) may not dispense a self-administered hormonal contraceptive to the patient; and
    (ii) shall refer the patient to a primary care or women's health care practitioner;
  (c) may not continue to dispense a self-administered hormonal contraceptive to a patient for more than 24 months after the date of the initial prescription without evidence that the patient

has consulted with a primary care or women's health care practitioner during the preceding 24 months; and

(d) shall provide the patient with:

(i) written information regarding:

(A) the importance of seeing the patient's primary care practitioner or women's health care practitioner to obtain recommended tests and screening; and

(B) the effectiveness and availability of long-acting reversible contraceptives as an alternative to self-administered hormonal contraceptives; and

(ii) a copy of the record of the encounter with the patient that includes:

(A) the patient's completed self-assessment tool; and

(B) a description of the contraceptives dispensed, or the basis for not dispensing a contraceptive.

(2) If a pharmacist dispenses a self-administered hormonal contraceptive to a patient, the pharmacist shall, at a minimum, provide patient counseling to the patient regarding:

(a) the appropriate administration and storage of the self-administered hormonal contraceptive;

(b) potential side effects and risks of the self-administered hormonal contraceptive;

(c) the need for backup contraception;

(d) when to seek emergency medical attention; and

(e) the risk of contracting a sexually transmitted infection or disease, and ways to reduce the risk of contraction.

(3) The division, in collaboration with the Board of Pharmacy and the Physicians Licensing Board, shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, establishing the self-screening risk assessment questionnaire described in Subsection (1)(a).

Renumbered and Amended by Chapter 307, 2023 General Session

Effective 10/1/2024

26B-4-506 Guidelines for dispensing a self-administered hormonal contraceptive.

(1) A pharmacist or pharmacist intern who dispenses a self-administered hormonal contraceptive under Section 26B-4-504:

(a) shall obtain a completed self-screening risk assessment questionnaire, that has been approved by the division in collaboration with the Board of Pharmacy and the Medical Licensing Board, from the patient before dispensing the self-administered hormonal contraceptive;

(b) if the results of the evaluation in Subsection (1)(a) indicate that it is unsafe to dispense a self-administered hormonal contraceptive to a patient:

(i) may not dispense a self-administered hormonal contraceptive to the patient; and

(ii) shall refer the patient to a primary care or women's health care practitioner;

(c) may not continue to dispense a self-administered hormonal contraceptive to a patient for more than 24 months after the date of the initial prescription without evidence that the patient has consulted with a primary care or women's health care practitioner during the preceding 24 months; and

(d) shall provide the patient with:

(i) written information regarding:

(A) the importance of seeing the patient's primary care practitioner or women's health care practitioner to obtain recommended tests and screening; and

(B) the effectiveness and availability of long-acting reversible contraceptives as an alternative to self-administered hormonal contraceptives; and

(ii) a copy of the record of the encounter with the patient that includes:
(A) the patient's completed self-assessment tool; and
(B) a description of the contraceptives dispensed, or the basis for not dispensing a contraceptive.
(2) If a pharmacist dispenses a self-administered hormonal contraceptive to a patient, the pharmacist shall, at a minimum, provide patient counseling to the patient regarding:
(a) the appropriate administration and storage of the self-administered hormonal contraceptive;
(b) potential side effects and risks of the self-administered hormonal contraceptive;
(c) the need for backup contraception;
(d) when to seek emergency medical attention; and
(e) the risk of contracting a sexually transmitted infection or disease, and ways to reduce the risk of contraction.
(3) The division, in collaboration with the Board of Pharmacy and the Medical Licensing Board, shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, establishing the self-screening risk assessment questionnaire described in Subsection (1)(a).

Amended by Chapter 507, 2024 General Session

26B-4-507 Limited civil liability.

A physician who issues a standing prescription drug order in accordance with Section 26B-4-505 is not liable for any civil damages for acts or omissions resulting from the dispensing of a self-administered hormonal contraceptive under Sections 26B-4-504 through 26B-4-506.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-508 Voluntary participation.

Sections 26B-4-509 through 26B-4-514 do not create a duty or standard of care for a person to prescribe or administer an opiate antagonist.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-509 Prescribing, dispensing, and administering an opiate antagonist -- Immunity from liability.

(1)
(a)
(i) For purposes of Subsection (1)(a)(ii), "a person other than a health care facility or health care provider" includes the following, regardless of whether the person has received funds from the department through the Opiate Overdose Outreach Pilot Program created in Section 26B-4-512:
(A) a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F); or
(B) an organization, defined by department rule made under Subsection 26B-4-512(7)(e), that is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event.
(ii) Except as provided in Subsection (1)(b), the following persons are not liable for any civil damages for acts or omissions made as a result of administering an opiate antagonist when the person acts in good faith to administer the opiate antagonist to an individual whom the person believes to be experiencing an opiate-related drug overdose event:
(A) an overdose outreach provider; or

(B) a person other than a health care facility or health care provider.

(b) A health care provider:

(i) is not immune from liability under Subsection (1)(a) when the health care provider is acting within the scope of the health care provider's responsibilities or duty of care; and

(ii) is immune from liability under Subsection (1)(a) if the health care provider is under no legal duty to respond and otherwise complies with Subsection (1)(a).

(2) Notwithstanding Sections 58-1-501, 58-17b-501, and 58-17b-502, a health care provider who is licensed to prescribe an opiate antagonist may prescribe, including by a standing prescription drug order issued in accordance with Subsection 26B-4-510(2), or dispense an opiate antagonist:

(a)

(i) to an individual who is at increased risk of experiencing an opiate-related drug overdose event;

(ii) for an individual described in Subsection (2)(a)(i), to a family member, friend, or other person, including a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist the individual; or

(iii) to an overdose outreach provider for:

(A) furnishing the opiate antagonist to an individual described in Subsection (2)(a)(i) or (ii), as provided in Section 26B-4-511; or

(B) administering to an individual experiencing an opiate-related drug overdose event;

(b) without a prescriber-patient relationship; and

(c) without liability for any civil damages for acts or omissions made as a result of prescribing or dispensing the opiate antagonist in good faith.

(3) A health care provider who dispenses an opiate antagonist to an individual or an overdose outreach provider under Subsection (2)(a) shall provide education to the individual or overdose provider that includes written instruction on how to:

(a) recognize an opiate-related drug overdose event; and

(b) respond appropriately to an opiate-related drug overdose event, including how to:

(i) administer an opiate antagonist; and

(ii) ensure that an individual to whom an opiate antagonist has been administered receives, as soon as possible, additional medical care and a medical evaluation.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-510 Standing prescription drug orders for an opiate antagonist.

(1) Notwithstanding Title 58, Chapter 17b, Pharmacy Practice Act, a person licensed under Title 58, Chapter 17b, Pharmacy Practice Act, to dispense an opiate antagonist may dispense the opiate antagonist:

(a) pursuant to a standing prescription drug order made in accordance with Subsection (2); and

(b) without any other prescription drug order from a person licensed to prescribe an opiate antagonist.

(2) A physician who is licensed to prescribe an opiate antagonist, including a physician acting in the physician's capacity as an employee of the department, or a medical director of a local health department, as defined in Section 26B-4-512, may issue a standing prescription drug order authorizing the dispensing of the opiate antagonist under Subsection (1) in accordance with a protocol that:

(a) limits dispensing of the opiate antagonist to:

(i) an individual who is at increased risk of experiencing an opiate-related drug overdose event;

(ii) a family member of, friend of, or other person, including a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event; or

(iii) an overdose outreach provider for:

(A) furnishing to an individual who is at increased risk of experiencing an opiate-related drug overdose event, or to a family member of, friend of, or other individual who is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event, as provided in Section 26B-4-511; or

(B) administering to an individual experiencing an opiate-related drug overdose event;

(b) requires the physician to specify the persons, by professional license number, authorized to dispense the opiate antagonist;

(c) requires the physician to review at least annually the dispensing practices of those authorized by the physician to dispense the opiate antagonist;

(d) requires those authorized by the physician to dispense the opiate antagonist to make and retain a record of each person to whom the opiate antagonist is dispensed, which shall include:

(i) the name of the person;

(ii) the drug dispensed; and

(iii) other relevant information; and

(e) is approved by the Division of Professional Licensing within the Department of Commerce by administrative rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-511 Overdose outreach providers.

Notwithstanding Sections 58-1-501, 58-17b-501, and 58-17b-502:

(1) an overdose outreach provider may:

(a) obtain an opiate antagonist dispensed on prescription by:

(i) a health care provider, in accordance with Subsections 26B-4-509(2) and (3); or

(ii) a pharmacist or pharmacy intern, as otherwise authorized by Title 58, Chapter 17b, Pharmacy Practice Act;

(b) store the opiate antagonist; and

(c) furnish the opiate antagonist:

(i)

(A) to an individual who is at increased risk of experiencing an opiate-related drug overdose event; or

(B) to a family member, friend, overdose outreach provider, or other individual who is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event; and

(ii) without liability for any civil damages for acts or omissions made as a result of furnishing the opiate antagonist in good faith; and

(2) when furnishing an opiate antagonist under Subsection (1), an overdose outreach provider:

(a) shall also furnish to the recipient of the opiate antagonist:

(i) the written instruction under Subsection 26B-4-504(3) received by the overdose outreach provider from the health care provider at the time the opiate antagonist was dispensed to the overdose outreach provider; or

(ii) if the opiate antagonist was dispensed to the overdose outreach provider by a pharmacist or pharmacy intern, any written patient counseling under Section 58-17b-613 received by the overdose outreach provider at the time of dispensing; and

(b) may provide additional instruction on how to recognize and respond appropriately to an opiate-related drug overdose event.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-512 Opiate Overdose Outreach Pilot Program -- Grants -- Annual reporting by grantees -- Rulemaking -- Annual reporting by department.

(1) As used in this section:

(a) "Persons that are in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event":

(i) means the following organizations:

(A) a law enforcement agency;

(B) the department or a local health department, as defined in Section 26A-1-102;

(C) an organization that provides drug or alcohol treatment services;

(D) an organization that provides services to the homeless;

(E) an organization that provides training on the proper administration of an opiate antagonist in response to an opiate-related drug overdose event;

(F) a school; or

(G) except as provided in Subsection (1)(a)(ii), any other organization, as defined by department rule made under Subsection (7)(e), that is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event; and

(ii) does not mean:

(A) a person licensed under Title 58, Chapter 17b, Pharmacy Practice Act;

(B) a health care facility; or

(C) an individual.

(b) "School" means:

(i) a public school:

(A) for elementary or secondary education, including a charter school; or

(B) for other purposes;

(ii) a private school:

(A) for elementary or secondary education; or

(B) accredited for other purposes, including higher education or specialty training; or

(iii) an institution within the state system of higher education, as described in Section 53B-1-102.

(2) There is created within the department the "Opiate Overdose Outreach Pilot Program."

(3) The department may use funds appropriated for the program to:

(a) provide grants under Subsection (4);

(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.
(4) No later than September 1, 2016, and with available funding, the department shall grant funds through the program to persons that are in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event.
(5) Funds granted by the program:
(a) may be used by a grantee to:
(i) pay for the purchase by the grantee of an opiate antagonist; or
(ii) pay for the grantee's cost of providing training on the proper administration of an opiate antagonist in response to an opiate-related drug overdose event; and
(b) may not be used:
(i) to pay for costs associated with the storage or dispensing of an opiate antagonist; or
(ii) for any other purposes.
(6) Grantees shall report annually to the department on the use of granted funds in accordance with department rules made under Subsection (7)(d).
(7) No later than July 1, 2016, the department shall, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, make rules specifying:
(a) how to apply for a grant from the program;
(b) the criteria used by the department to determine whether a grant request is approved, including criteria providing that:
(i) grants are awarded to areas of the state, including rural areas, that would benefit most from the grant; and
(ii) no more than 15% of the total amount granted by the program is used to pay for grantees' costs of providing training on the proper administration of an opiate antagonist in response to an opiate-related drug overdose event;
(c) the criteria used by the department to determine the amount of a grant;
(d) the information a grantee shall report annually to the department under Subsection (6), including:
(i) the amount of opiate antagonist purchased and dispensed by the grantee during the reporting period;
(ii) the number of individuals to whom the opiate antagonist was dispensed by the grantee;
(iii) the number of lives known to have been saved during the reporting period as a result of opiate antagonist dispensed by the grantee; and
(iv) the manner in which the grantee shall record, preserve, and make available for audit by the department the information described in Subsections (7)(d)(i) through (7)(d)(iii); and
(e) as required by Subsection (1)(a)(i)(G), any other organization that is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event.

Renumbered and Amended by Chapter 307, 2023 General Session

Effective until 10/1/2024
26B-4-513 Coprescription guidelines.
(1) As used in this section:

(a) "Controlled substance prescriber" means the same as that term is defined in Section 58-37-6.5.
(b) "Coprescribe" means to issue a prescription for an opiate antagonist with a prescription for an opiate.
(2) The department shall, in consultation with the Physicians Licensing Board created in Section 58-67-201, the Osteopathic Physician and Surgeon's Licensing Board created in Section 58-68-201, and the Division of Professional Licensing created in Section 58-1-103, establish by rule, made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, scientifically based guidelines for controlled substance prescribers to coprescribe an opiate antagonist to a patient.

Renumbered and Amended by Chapter 307, 2023 General Session

Effective 10/1/2024
26B-4-513 Coprescription guidelines.
(1) As used in this section:
(a) "Controlled substance prescriber" means the same as that term is defined in Section 58-37-6.5.
(b) "Coprescribe" means to issue a prescription for an opiate antagonist with a prescription for an opiate.
(2) The department shall, in consultation with the Medical Licensing Board created in Section 58-67-201, and the Division of Professional Licensing created in Section 58-1-103, establish by rule, made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, scientifically based guidelines for controlled substance prescribers to coprescribe an opiate antagonist to a patient.

Amended by Chapter 507, 2024 General Session

26B-4-514 Opiate abuse prevention pamphlet.
(1) As funding is available, the department shall produce and distribute, in conjunction with the Office of Substance Use and Mental Health, a pamphlet about opiates that includes information regarding:
(a) the risk of dependency and addiction;
(b) methods for proper storage and disposal;
(c) alternative options for pain management;
(d) the benefits of and ways to obtain naloxone; and
(e) resources if the patient believes that the patient has a substance use disorder.
(2) The pamphlet described in Subsection (1) shall be:
(a) evaluated periodically for effectiveness at conveying necessary information and revised accordingly;
(b) written in simple and understandable language; and
(c) available in English and other languages that the department determines to be appropriate and necessary.

Renumbered and Amended by Chapter 307, 2023 General Session

26B-4-515 Sexual assault hotline service -- Emergency contraception access.

(1) As used in this section, "sexual assault hotline service" means a telephone hotline, online chat hotline, or similar method of communication that provides information or counseling services for a victim of sexual assault.
(2) A person who operates a sexual assault hotline service available to a resident of this state shall create and maintain a policy that encourages the sexual assault hotline service to provide, when applicable, a victim of sexual assault with information on how to access:
  (a) free emergency contraception;
  (b) law enforcement; and
  (c) medical and mental health services.
(3) The department shall provide information about how a victim of sexual assault may access free emergency contraception and other medical and mental health services to:
  (a) victims of sexual assault;
  (b) sexual assault hotline services that are available to residents of this state; and
  (c) other providers who provide sexual assault support services to victims of sexual assault in this state.
(4) The department may adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to carry out the provisions of Subsection (3).

Enacted by Chapter 158, 2023 General Session