

**PRESCRIPTION DRUG ABUSE AMENDMENTS**

2016 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: LaVar Christensen**

Senate Sponsor: \_\_\_\_\_

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**LONG TITLE**

**General Description:**

This bill requires prescribers and dispensers to use the controlled substance database before prescribing or dispensing an opioid to determine whether a patient may be abusing prescription medication.

**Highlighted Provisions:**

This bill:

- ▶ defines terms;
- ▶ amends the Controlled Substances Database Act to add requirements for prescribers and dispensers to use the controlled substance database before prescribing or dispensing an opioid;
- ▶ requires a dispenser to consult with the prescriber if the controlled substance database suggests potential prescription drug abuse; and
- ▶ makes technical changes.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:**

ENACTS:

**58-37f-303**, Utah Code Annotated 1953



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*Be it enacted by the Legislature of the state of Utah:*

Section 1. Section **58-37f-303** is enacted to read:

**Part 3. Access and Utilization**

**58-37f-303. Database utilization.**

(1) As used in this section:

(a) "Dispenser" means a licensed pharmacist, as described in Section 58-17b-303, or the pharmacist's licensed intern, as described in Section 58-17b-304, who is also licensed to dispense a controlled substance under Title 58, Chapter 37, Utah Controlled Substances Act.

(b) "Hospice" means the same as that term is defined in Section 26-21-2.

(c) "Opioid" means those substances listed in Subsection 58-37-4(2)(b)(i) or (2)(b)(ii).

(d) "Prescriber" means an individual authorized to prescribe a controlled substance under Title 58, Chapter 37, Utah Controlled Substances Act.

(e) "Terminal illness" means a condition of a patient that is medically confirmed to lead to the patient's imminent death.

(2) To address the serious concern of life-altering and life-threatening opioid abuse and overdose, and to achieve the purposes and maximize the benefits of the carefully developed and highly respected database:

(a) except as provided in Subsection (4)(a), a prescriber shall access and review the database, in accordance with Subsection (3)(a), at the following times:

(i) before writing a prescription for an opioid;

(ii) at least once every three months for a patient whose prescribed or foreseeable opioid treatment extends beyond three months; or

(iii) at any time when the prescriber, in the prescriber's professional judgment, has a reasonable suspicion that a patient:

(A) is or may be attempting to obtain a medically unnecessary opioid or quantity of an opioid; or

(B) exhibits potential for abuse or misuse of an opioid; and

(b) except as provided in Subsection (4)(b), a dispenser shall access and review the database in accordance with Subsection (3)(b), at the following times:

(i) before dispensing an opioid; or

59 (ii) if the dispenser, in the dispenser's professional judgment, has a reasonable  
60 suspicion described in Subsection (2)(a)(iii).

61 (3) (a) When a prescriber has reason or is required to access the database under  
62 Subsection (2)(a), the prescriber shall:

63 (i) review the available data regarding the patient for the 12-month period immediately  
64 preceding the patient encounter; and

65 (ii) make an informed, current, professional decision regarding the appropriate  
66 quantities and frequency of dosage, consistent with generally recognized standards for the  
67 opioid being prescribed.

68 (b) When a dispenser has reason or is required to access the database under Subsection  
69 (2)(b), the dispenser shall:

70 (i) review the available data regarding the patient for the 12-month period immediately  
71 preceding the patient encounter; and

72 (ii) if the dispenser's search of the database shows that the individual seeking an opioid  
73 may be obtaining opioids in quantities or with a frequency inconsistent with generally  
74 recognized standards for the opioid being dispensed, contact the prescriber to:

75 (A) discuss the prescription and the database search results; and

76 (B) obtain the prescriber's informed, current, and professional decision regarding  
77 whether the prescribed opioid is medically justified, notwithstanding the results of the database  
78 search.

79 (4) (a) A prescriber is not strictly required to access the database under Subsection  
80 (2)(a) if the prescriber reasonably determines that prescription of an opioid is nonetheless  
81 warranted when the prescriber prescribes an opioid:

82 (i) in a quantity that does not exceed an amount that is adequate for a single, seven-day  
83 treatment period;

84 (ii) for direct administration to a patient in a hospital; or

85 (iii) to a patient:

86 (A) suffering from cancer or a condition associated with cancer;

87 (B) suffering from a diagnosed terminal illness; or

88 (C) in hospice care, thereby assuring reasonable and adequate direct supervision and  
89 administration.

90           (b) A dispenser is not required to access the database under Subsection (2)(b) if the  
91 dispenser dispenses an opioid:

92           (i) in a quantity that does not exceed an amount that is adequate for a single, seven-day  
93 treatment period; or

94           (ii) for direct administration to a patient in a hospital.

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**Legislative Review Note**  
**Office of Legislative Research and General Counsel**