

Representative LaVar Christensen proposes the following substitute bill:

PRESCRIPTION DRUG ABUSE AMENDMENTS

2016 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: LaVar Christensen

Senate Sponsor: _____

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 contact 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:



26 ENACTS:

27 [58-37f-303](#), Utah Code Annotated 1953



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

30 Section 1. Section [58-37f-303](#) is enacted to read:

31 **Part 3. Access and Utilization**

32 **[58-37f-303](#). Database utilization.**

33 (1) As used in this section:

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

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

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

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

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

43 (2) To address the serious concern of life-altering and life-threatening opioid abuse and
44 overdose, and to achieve the purposes of this chapter, as described in Section [58-37f-201](#),
45 through utilization of the carefully developed and highly respected database:

46 (a) except as provided in Subsection (4)(a), a prescriber of an opioid for outpatient
47 usage shall diligently assert best efforts and best professional practices to access and review the
48 database to achieve the purpose of this chapter, as described in Section [58-37f-201](#), in
49 accordance with Subsection (3)(a):

50 (i) before writing a prescription for an opioid to:

51 (A) a new patient; or

52 (B) an established patient to whom the prescriber is not currently prescribing an opioid
53 treatment;

54 (ii) when the requesting patient meets the drug-seeker profile, established by the
55 division under Subsection (5); or

56 (iii) at any time when the prescriber, in the prescriber's professional judgment, has a

57 reasonable suspicion that a patient:

58 (A) is or may be attempting to obtain a medically unnecessary opioid or quantity of an
59 opioid contrary to standards described in this section and in Section 58-37f-201; or

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

61 (b) except as provided in Subsection (4)(b), a dispenser of an opioid for outpatient
62 usage shall diligently assert best efforts and best professional practices to access and review the
63 database to achieve the purpose of this chapter, as described in Section 58-37f-201, in
64 accordance with Subsection (3)(b):

65 (i) before dispensing an opioid to:

66 (A) a new patient; or

67 (B) an established patient to whom the dispenser is not currently dispensing a
68 prescribed opioid treatment;

69 (ii) when the requesting patient meets the drug-seeker profile, established by the
70 division under Subsection (5); or

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

73 (3) (a) When a prescriber has reason or is required to access the database under
74 Subsection (2)(a), the prescriber shall diligently assert best efforts and best professional
75 practices to:

76 (i) access and review the available data regarding the patient for the 12-month period
77 immediately preceding the patient encounter; and

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

81 (b) When a dispenser has reason or is required to access the database under Subsection
82 (2)(b), the dispenser shall diligently assert best efforts and best professional practices to:

83 (i) access and review the available data regarding the patient for the 12-month period
84 immediately preceding the patient encounter; and

85 (ii) if the dispenser's search of the database shows that the individual seeking an opioid
86 may be obtaining opioids in quantities or with a frequency inconsistent with generally
87 recognized standards for the opioid being dispensed as provided in this section and Section

88 58-37f-201, contact the prescriber to:

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

90 (B) seek to obtain the prescriber's informed, current, and professional decision
91 regarding whether the prescribed opioid is medically justified, notwithstanding the results of
92 the database search.

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

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

98 (ii) for direct inpatient treatment and administration in a licensed health care facility; or

99 (iii) to a patient:

100 (A) during surgical treatment or other severe pain-related medical treatment;

101 (B) upon discharge from a licensed health care facility or other similar medical
102 treatment facility as a result of surgery or other severe pain-related medical treatment;

103 (C) who is suffering from cancer or a condition associated with cancer;

104 (D) who is suffering from a diagnosed terminal illness;

105 (E) in hospice care, thereby assuring reasonable and adequate direct supervision and
106 administration; or

107 (F) who is an established patient with a history of trust and reliability upon which the
108 prescriber may base an informed and reasonable decision.

109 (b) A dispenser is not required to access and review the database under Subsection
110 (2)(b) if the dispenser dispenses an opioid:

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

113 (ii) for direct administration in an inpatient setting in a licensed health care facility; or

114 (iii) to a patient described in Subsection (4)(a)(iii).

115 (5) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah
116 Administrative Rulemaking Act, and in consultation with physician licensing boards, to
117 establish a drug-seeker profile that provides objective identifiers of prescription drug abuse.