

HB0375S01 compared with HB0375

~~text~~ shows text that was in HB0375 but was deleted in HB0375S01.

text shows text that was not in HB0375 but was inserted into HB0375S01.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

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 ~~consult with~~contact the prescriber if the controlled substance database suggests potential prescription drug abuse; and

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- ▶ 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

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 this chapter, as described in Section 58-37f-201, through utilization of the carefully developed and highly respected database:

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

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(i) before writing a prescription for an opioid ~~{,;}~~ to:

~~{(ii) at least once every three months for a patient whose prescribed or foreseeable}~~ (A) a new patient; or

(B) an established patient to whom the prescriber is not currently prescribing an opioid treatment ~~{ extends beyond three months}~~;

(ii) when the requesting patient meets the drug-seeker profile, established by the division under Subsection (5); 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 contrary to standards described in this section and in Section 58-37f-201; or

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

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

(i) before dispensing an opioid ~~{,;}~~ to:

(A) a new patient; or

~~{(ii)}~~ (B) an established patient to whom the dispenser is not currently dispensing a prescribed opioid treatment;

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

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

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

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

(ii) make an informed, current, professional decision regarding the appropriate quantities and frequency of dosage, consistent with generally recognized standards for the

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opioid being prescribed.

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

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

(ii) if the dispenser's search of the database shows that the individual seeking an opioid may be obtaining opioids in quantities or with a frequency inconsistent with generally recognized standards for the opioid being dispensed as provided in this section and Section 58-37f-201, contact the prescriber to:

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

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

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

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

(ii) for direct inpatient treatment and administration ~~to a patient~~ in a ~~hospital~~ licensed health care facility; or

(iii) to a patient:

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

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

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

~~(B)~~ (D) who is suffering from a diagnosed terminal illness; ~~or~~

~~(C)~~ (E) in hospice care, thereby assuring reasonable and adequate direct supervision and administration ~~to~~; or

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

(b) A dispenser is not required to access and review the database under Subsection

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(2)(b) if the dispenser dispenses an opioid:

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

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

Legislative Review Note

~~Office of Legislative Research and General Counsel~~ in an inpatient setting in a licensed health care facility; or

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

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