{deleted text} shows text that was in HB0375S01 but was deleted in HB0375S02.

inserted text shows text that was not in HB0375S01 but was inserted into HB0375S02.

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} opioids.

Highlighted Provisions:

This bill:

- defines terms;
- amends the Controlled Substances Database Act to {add requirements for prescribers and dispensers to use} promote utilization of the controlled {substance} substances database {before prescribing or dispensing an} to prevent opioid abuse;
- requires a dispenser to contact the prescriber if the controlled substance database

suggests potential prescription drug abuse;

- <u>limits liability for prescribers and dispensers who contribute to and use the database;</u> and
- makes technical changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

58-37f-701, as enacted by Laws of Utah 2010, Chapter 287

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)b) "Opioid" means those substances listed in Subsection 58-37-4(2)(b)(i) or (2)(b)(ii).
- (td)c) "Prescriber" means an individual authorized to prescribe a controlled substance under Title 58, Chapter 37, Utah Controlled Substances Act.
- † (2) To address the serious <u>public</u> concern of life-altering and life-threatening opioid abuse and overdose, and to achieve the purposes of this chapter ; and as described in Section

58-37f-201, which includes identifying and reducing the prescribing and dispensing of opioids in an unprofessional or unlawful manner or in quantities or frequencies inconsistent with generally recognized standards of dosage for an opioid, through utilization of the carefully developed and highly respected database \(\frac{\frac{1}{2}}{2}\).

({a}3) {except as provided in Subsection (4)(a), a} A prescriber or dispenser 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 { and as described in Section 58-37f-201 { in accordance with Subsection (3)(a):}

- (i) before writing a prescription for an opioid to:
- (A) a new patient; or
- (B) an established patient to whom the prescriber is not currently prescribing an opioid treatment;
- (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 of an opioid for outpatient usage shall diligently assert best efforts and best professional practices to}.
- (4) The division shall, in collaboration with the licensing boards for prescribers and dispensers:
- (a) develop a monitoring system that gathers and reports to prescribers and dispensers the progress and results of their individual access and review of the database, as provided in this section; and
- (b) reduce or waive the division's continuing education requirements regarding opioid prescriptions for prescribers and dispensers whose individual utilization of the database to achieve the purpose of this chapter, as described in Section 58-37f-201, in accordance with Subsection (3)(b):
 - (i) before dispensing an opioid to:

- (A) a new patient; or (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) contribute to the life-saving and public safety purposes of this section and as 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) }. (5) If the dispenser's 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 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} suggest that the individual seeking an opioid may be obtaining opioids in quantities or \{\text{with a frequency}\}\{\text{frequencies}\}\) inconsistent with generally recognized standards for the opioid being dispensed as provided
 - (A) discuss the prescription and the database search results; and

prescriber { to:

(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.

in this section and Section 58-37f-201, the dispenser shall reasonably attempt to contact the

{(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 in a 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; (C) who is suffering from cancer or a condition associated with cancer, (D) who is suffering from a diagnosed terminal illness; (E) in hospice care, thereby assuring reasonable and adequate direct supervision and administration; 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 (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; (ii) for direct administration 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. Section 2. Section **58-37f-701** is amended to read: 58-37f-701. Immunity from liability. An individual who has submitted information to or accessed and reviewed the database in accordance with this [section] chapter may not be held civilly liable for [having submitted the information such actions, which are protected and are not subject to civil discovery, as

provided in Section 58-37f-302.