

1 **OPIOID MANAGEMENT POLICY AMENDMENTS**

2 2020 GENERAL SESSION

3 STATE OF UTAH

4 **Chief Sponsor: Brad M. Daw**

5 Senate Sponsor: _____

7 **LONG TITLE**

8 **General Description:**

9 This bill amends provisions relating to the prescribing of opioids.

10 **Highlighted Provisions:**

11 This bill:

- 12 ▶ amends provisions relating to an insurer's prescribing policy for opioids;
- 13 ▶ requires an insurer to provide the insurer's prescription policy to a member of the
- 14 public upon request; and
- 15 ▶ makes technical changes.

16 **Money Appropriated in this Bill:**

17 None

18 **Other Special Clauses:**

19 None

20 **Utah Code Sections Affected:**

21 AMENDS:

22 **31A-22-615.5**, as enacted by Laws of Utah 2017, Chapter 53

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

25 Section 1. Section **31A-22-615.5** is amended to read:

26 **31A-22-615.5. Insurance coverage for opioids -- Policies -- Reports.**

27 (1) For purposes of this section:



28 (a) "Health care provider" means an individual, other than a veterinarian, who:
29 (i) is licensed to prescribe a controlled substance under Title 58, Chapter 37, Utah
30 Controlled Substances Act; and

31 (ii) possesses the authority, in accordance with the individual's scope of practice, to
32 prescribe Schedule II controlled substances and Schedule III controlled substances that are
33 applicable to opioids and benzodiazapines.

34 (b) "Health insurer" means:

35 (i) an insurer who offers health care insurance as that term is defined in Section
36 31A-1-301;

37 (ii) health benefits offered to state employees under Section 49-20-202; and

38 (iii) a workers' compensation insurer:

39 (A) authorized to provide workers' compensation insurance in the state; or

40 (B) that is a self-insured employer as defined in Section 34A-2-201.

41 (c) "Opioid" has the same meaning as "opiate," as that term is defined in Section
42 58-37-2.

43 (d) "Prescribing policy" means a policy developed by a health insurer that includes
44 evidence based guidelines for prescribing opioids, and may include ~~[the 2016]~~:

45 (i) the most recent Center for Disease Control Guidelines for Prescribing Opioids for
46 Chronic Pain~~[, or]~~;

47 (ii) recommendations from the Pain Management Best Practices Inter-Agency Task
48 Force convened by the United States Department of Health and Human Services; or

49 (iii) the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain.

50 (2) A health insurer that provides prescription drug coverage may enact a policy to
51 minimize the risk of opioid addiction and overdose from:

52 (a) chronic co-prescription of opioids with benzodiazapines and other sedating
53 substances; and

54 ~~[(b) prescription of very high dose opioids in the primary care setting; and]~~

55 ~~[(c)]~~ (b) the inadvertent transition of short-term opioids for an acute injury into
56 long-term opioid dependence.

57 (3) A health insurer that provides prescription drug coverage may enact policies to
58 facilitate:

59 (a) non-narcotic treatment alternatives for patients who have chronic pain; and
60 (b) medication-assisted treatment for patients who have opioid dependence disorder.

61 (4) For an insurance plan entered into or renewed on or after July 1, 2020:

62 (a) a prescribing policy adopted under this section may not:

63 (i) conflict with current scientific evidence or the professional judgment of a qualified
64 physician; or

65 (ii) permit an insurer to override the judgment of a prescriber with respect to the
66 prescribing of opioids; and

67 (b) notwithstanding Subsection (7), an insurer shall provide the policy described in
68 Subsection (6)(a) to a member of the public upon request.

69 ~~[(4) The]~~ (5) (a) Except as provided in Subsection (5)(b), the requirements of this
70 section apply to insurance plans entered into or renewed on or after July 1, 2017.

71 (b) The provisions in Subsection (4) apply to an insurance plan entered into or renewed
72 on or after July 1, 2020.

73 ~~[(5)]~~ (6) (a) A health insurer subject to this section shall on or before September 1,
74 2017, and before each September 1 thereafter, submit a written report to the Utah Insurance
75 Department regarding whether the insurer has adopted a policy and a general description of the
76 policy.

77 (b) The Utah Insurance Department shall, on or before October 1, 2017, and before
78 each October 1 thereafter, submit a written summary of the information under Subsection ~~[(5)]
79 (6)(a) to the Health and Human Services Interim Committee.~~

80 ~~[(6)]~~ (7) A health insurer subject to this section may share the policies developed under
81 this section with other health insurers and the public.

82 ~~[(7) This section sunsets in accordance with Section 63I-1-231.]~~