

1 **OPIOID USE PREVENTION AND TREATMENT**
2 **AMENDMENTS**

3 2022 GENERAL SESSION

4 STATE OF UTAH

5 **Chief Sponsor: Jennifer Dailey-Provost**

6 Senate Sponsor: _____

8 **LONG TITLE**

9 **General Description:**

10 This bill enacts requirements for the use of funds deposited into the Opioid Litigation
11 Settlement Restricted Account.

12 **Highlighted Provisions:**

13 This bill:

14 ▶ requires money deposited into the Opioid Litigation Settlement Restricted Account
15 to be used for:

- 16 • expanding opioid treatment and prevention services;
- 17 • funding activities to expand access to naloxone or other drugs approved by the
18 United States Food and Drug Administration to reverse opioid overdoses;
- 19 • increasing distribution of medication-assisted treatment to individuals who are
20 uninsured or whose insurance does not cover the needed service;
- 21 • expanding treatment for pregnant and postpartum women;
- 22 • expanding treatment for neonatal abstinence syndrome;
- 23 • expanding warm hand-off programs and recovery services;
- 24 • providing treatment for incarcerated populations; and
- 25 • supporting prevention programs.

26 **Money Appropriated in this Bill:**

27 None



28 **Other Special Clauses:**

29 None

30 **Utah Code Sections Affected:**

31 AMENDS:

32 **51-9-801**, as enacted by Laws of Utah 2020, Chapter 210



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

35 Section 1. Section **51-9-801** is amended to read:

36 **51-9-801. Opioid Litigation Settlement Restricted Account.**

37 (1) There is created within the General Fund a restricted account known as the Opioid
38 Litigation Settlement Restricted Account.

39 (2) The account consists of:

40 (a) any money deposited into the account in accordance with Subsection (3);

41 (b) interest earned on money in the account; and

42 (c) money appropriated to the account by the Legislature.

43 (3) Notwithstanding Sections **13-2-8** and **76-10-3114**, after reimbursement to the
44 attorney general and the Department of Commerce for expenses related to the matters
45 described in Subsection (3)(a) or (b), the following shall be deposited into the account:

46 (a) all money received by the attorney general or the Department of Commerce as a
47 result of any judgment, settlement, or compromise of claims pertaining to alleged violations of
48 law related to the manufacture, marketing, distribution, or sale of opioids from a case
49 designated as an opioid case by the attorney general in a legal services contract; and

50 (b) all money received by the attorney general or the Department of Commerce as a
51 result of any multistate judgment, settlement, or compromise of claims pertaining to alleged
52 violations of law related to the manufacture, marketing, distribution, or sale of opioids.

53 (4) Subject to appropriation by the Legislature, money in the account shall be used:

54 ~~[(a) to address the effects of alleged violations of law related to the manufacture,~~
55 ~~marketing, distribution, or sale of opioids; or]~~

56 (a) in accordance with Subsection (5); and

57 (b) if applicable, in accordance with the terms of a settlement agreement described in
58 Subsection (3)(a) or (b) entered into by the state.

- 59 (5) Money in the account may only be used for the following purposes:
- 60 (a) expanding opioid treatment and prevention services, including but not be limited to:
- 61 (i) opioid treatment services for pregnant women; and
- 62 (ii) wrap around services for individuals with substance use disorder;
- 63 (b) funding activities to expand access to naloxone or other drugs approved by the
- 64 United States Food and Drug Administration to reverse opioid overdoses, including:
- 65 (i) expanding training for first responders, schools, community support groups, and
- 66 families; and
- 67 (ii) increasing distribution to individuals who are uninsured or whose insurance does
- 68 not cover the needed service;
- 69 (c) increasing access to medication-assisted treatment distribution and opioid-related
- 70 treatment by:
- 71 (i) increasing distribution of medication-assisted treatment to individuals who are
- 72 uninsured or whose insurance does not cover the needed service;
- 73 (ii) providing education to school-based and youth-focused programs that discourage or
- 74 prevent misuse;
- 75 (iii) providing medication-assisted treatment education and awareness training to
- 76 healthcare providers, EMTs, law enforcement, and other first responders; and
- 77 (iv) supporting treatment and recovery support services such as residential and
- 78 inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and
- 79 recovery housing that allows or integrates medication and with other support services;
- 80 (d) expanding treatment for pregnant and postpartum women by:
- 81 (i) expanding screening, brief intervention, and referral to treatment, or SBIRT
- 82 services, to non-Medicaid eligible or uninsured pregnant women;
- 83 (ii) expanding comprehensive evidence-based treatment and recovery services,
- 84 including medication-assisted treatment, for women with co-occurring opioid use disorder and
- 85 other substance use disorder or mental health disorders for uninsured individuals for up to 12
- 86 months postpartum; and
- 87 (iii) providing comprehensive wrap-around services to individuals with opioid use
- 88 disorder including housing, transportation, job placement and training, and childcare;
- 89 (e) expanding treatment for neonatal abstinence syndrome by:

- 90 (i) expanding comprehensive evidence-based and recovery support for babies suffering
91 from neonatal abstinence syndrome;
- 92 (ii) expanding services for better continuum of care with infant-need dyad; and
- 93 (iii) expanding long term treatment and services for medical monitoring of babies with
94 neonatal abstinence syndrome and their families;
- 95 (f) expanding warm hand-off programs and recovery services by:
 - 96 (i) expanding services such as navigators and on-call teams to begin
97 medication-assisted treatment in hospital emergency departments;
 - 98 (ii) expanding warm hand-off services to transition to recovery services;
 - 99 (iii) broadening the scope of recovery services to include co-occurring substance use
100 disorder or mental health conditions;
 - 101 (iv) providing comprehensive wrap-around services to individuals in recovery
102 including housing, transportation, job placement and training, and childcare; and
 - 103 (v) hiring additional social workers or other behavioral health workers to facilitate the
104 expansion of services under this Subsection (5)(f);
- 105 (g) providing treatment for incarcerated populations by:
 - 106 (i) providing evidence-based treatment and recovery support including
107 medication-assisted treatment for persons with opioid use disorder and co-occurring disorders
108 within and transitioning out of the criminal justice system; and
 - 109 (ii) increasing funding to jails for the purpose of providing treatment to inmates with
110 opioid use disorder; and
 - 111 (h) supporting prevention programs by funding:
 - 112 (i) media campaigns to prevent opioid use;
 - 113 (ii) evidence-based prevention programs in schools;
 - 114 (iii) medical provider education and outreach regarding best prescribing practices for
115 opioids consistent with the 2016 Centers for Disease Control and Prevention Guidelines for
116 Prescribing Opioids for Chronic Pain guidelines, including providers at hospitals through
117 academic detailing;
 - 118 (iv) community drug disposal programs; and
 - 119 (v) training for first responders to participate in pre-arrest diversion programs,
120 post-overdose response teams, or similar strategies that connect at-risk individuals to

121 behavioral health services and supports.