

The rules made by the division under Subsection 58-17b-903(2)(b) shall include:

(1) registration requirements to establish the eligibility of a pharmacy to participate in the program;  
(2) a formulary that includes all eligible prescription drugs approved by the federal Food and Drug Administration;

(3) standards and procedures for:

- (a) verifying whether a pharmacy or pharmacist participating in the program is licensed and in good standing with the board;
- (b) handling of a donated eligible prescription drug, including:
  - (i) acceptance;
  - (ii) identification, including redundant criteria for verification;
  - (iii) documentation, under 21 U.S.C. Sec. 360eee-1, of transaction information, history, and statements;
  - (iv) safe storage;
  - (v) security;
  - (vi) inspection;
  - (vii) transfer; and
  - (viii) dispensing;
- (c) a pharmacist or licensed pharmacy technician working in or consulting with a participating eligible donor;
- (d) disposition of a donated prescription drug that is a controlled substance;
- (e) record keeping regarding:
  - (i) the eligible donor that donated each prescription drug;
  - (ii) the identification and evaluation of a donated prescription drug by a pharmacist or licensed pharmacy technician; and
  - (iii) the dispensing or disposition of a prescription drug;
- (f) determining the status of a medically indigent individual;
- (g) labeling requirements to:
  - (i) ensure compliance with patient privacy laws relating to:
    - (A) an individual who receives an eligible prescription drug; and
    - (B) patient information that may appear on a donated prescription drug;
  - (ii) clearly identify an eligible prescription drug dispensed under the program; and
  - (iii) communicate necessary information regarding the manufacturer's recommended expiration date or the beyond use date; and
- (h) ensuring compliance with the requirements of this part;
- (4) a process for seeking input from:
  - (a) the Department of Health, created in Section 26-1-4, to establish program standards and procedures for assisted living facilities and nursing care facilities; and
  - (b) the Division of Substance Abuse and Mental Health, created in Section 62A-15-103, to establish program standards and procedures for mental health and substance abuse clients; and
- (5) the creation of a special training program that a pharmacist and a licensed pharmacy technician at an eligible pharmacy must complete before participating in the program.

9/7/16

**R156-17b-625 - Standards- Reporting and Maintaining Record on the Dispensing of an Opiate Antagonist.**

(1) In accordance with Utah Code Ann. § 26-55-105(2)(c) and (d), a licensee who dispenses an opiate antagonist pursuant to a valid standing prescription drug order issued by a physician, shall affirm that the licensee has complied with the protocol for dispensing an opiate antagonist as set forth in Utah Code Ann. § 26-55-105, and shall report the following information to the division, on an annual basis:

(a) the total number of single doses of opiate antagonists dispensed during the reporting period; and

(b) the name of each opiate antagonist dispensed along with the total number of single doses of that particular named opiate antagonist.

(2) Null reporting is not required. If a licensee does not dispense an opiate antagonist during any year, that licensee is not required to make an affirmation or report to the division.

(3) The annual affirmation and report described above is due to the division no later than 10 days following December 31 of each calendar year.

(4) In accordance with Utah Code Ann. § 26-55-105(2)(d), a licensee who dispenses an opiate antagonist pursuant to a valid standing prescription drug order issued by a physician, shall maintain, subject to audit, the following information:

(a) the first, middle, and last name of the individual to whom the opiate antagonist is dispensed;

(b) the name of the opiate antagonist dispensed;

(c) the quantity of the opiate antagonist dispensed;

(d) the strength of the opiate antagonist dispensed;

(e) the dosage quantity of the opiate antagonist dispensed;

(f) the full name of the drug outlet which dispensed the opiate antagonist;

(g) the date the opiate antagonist was dispensed; and

(h) the name of physician issuing the standing order to dispense the opiate antagonist.

(5) A physician issuing a standing prescription drug order authorizing the dispensing of an opiate antagonist, as described in Utah Code Ann. § 26-55-105, shall limit dispensing of an opiate antagonist to a single dose formulation. The standing order may allow dispensing of one or more single formulations of an opiate antagonist at a time. The standing prescription drug order shall not allow dispensing of multiple dose vials.

(6) The division approves the protocol for the issuance of a standing prescription drug order for opiate antagonists, which is set forth in Utah Code Ann. § 26-55-105(2)(a) through (d)

along with the requirements set forth in the foregoing provisions, and the reporting requirements set forth in Utah Admin. Code R156-67-604 and R156-68-604.

**R156-17b-502. Unprofessional Conduct.**

"Unprofessional conduct" includes:

(25) failing to make a timely report regarding dispensing of an opiate antagonist to the division as required in Utah Admin. Code R156-17b-625.

**R156-67-604 - Required Reporting of Annual Review by Physicians of Dispensing Practices of those Authorized to Dispense an Opiate Antagonist.**

(1) In accordance with Utah Code Ann. § 26-55-105(2)(c), a physician who issues a standing prescription drug order authorizing the dispensing of an opiate antagonist shall annually submit a written report to the division indicating that he or she has reviewed at least annually the dispensing practices of those authorized by the physician to dispense the opiate antagonist.

(2) The report described above shall be submitted no later than 10 days following the yearly anniversary of the date the standing order was issued, and shall continue as long as the standing order remains in effect.

(3) A physician shall be considered to have satisfactorily reviewed the dispensing practices of those authorized by the physician to dispense the opiate antagonist by reviewing the report of the licensee dispensing the opiate antagonist specified in Utah Admin. Code R156-17b-625(1).

**R156-67-502. Unprofessional Conduct.**

"Unprofessional conduct" includes:

(16) failing to timely submit an annual written report to the division indicating that the physician has reviewed at least annually the dispensing practices of those authorized by the physician to dispense an opiate antagonist, pursuant to Utah Admin Code R156-67-604.

**R156-68-604 - Required Reporting of Annual Review by Osteopathic Physicians of Dispensing Practices of those Authorized to Dispense an Opiate Antagonist.**

(1) In accordance with Utah Code Ann. § 26-55-105(2)(c), an osteopathic physician who issues a standing prescription drug order authorizing the dispensing of an opiate antagonist shall annually submit a written report to the division indicating that he or she has reviewed at least annually the dispensing practices of those authorized by the osteopathic physician to dispense the opiate antagonist.

(2) The report described above shall be submitted no later than 10 days following the yearly anniversary of the date the standing order was issued, and shall continue as long as the standing order remains in effect.

(3) An osteopathic physician shall be considered to have satisfactorily reviewed the dispensing practices of those authorized by the osteopathic physician to dispense the opiate antagonist by reviewing the report of the licensee dispensing the opiate antagonist specified in Utah Admin. Code R156-17b-625(1).

**R156-68-502. Unprofessional Conduct.**

"Unprofessional conduct" includes:

(15) failing to timely submit an annual written report to the division indicating that the osteopathic physician has reviewed at least annually the dispensing practices of those authorized by the osteopathic physician to dispense an opiate antagonist, pursuant to Utah Admin Code R156-67-604.

1                   **OPIATE OVERDOSE RESPONSE ACT -- STANDING**

2                   **ORDERS AND OTHER AMENDMENTS**

3                   2016 GENERAL SESSION

4                   STATE OF UTAH

5                   **Chief Sponsor: Steve Eliason**

6                   Senate Sponsor: Evan J. Vickers

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8                   **LONG TITLE**

9                   **General Description:**

10                   This bill renames the Emergency Administration of Opiate Antagonist Act as the  
11                   Opiate Overdose Response Act, amends the act, and makes related amendments.

12                   **Highlighted Provisions:**

13                   This bill:

- 14                   ▶ renames the Emergency Administration of Opiate Antagonist Act as the Opiate  
15                   Overdose Response Act;
- 16                   ▶ amends definitions;
- 17                   ▶ authorizes the use of a standing prescription drug order issued by a physician to  
18                   dispense an opioid antagonist; and
- 19                   ▶ makes technical and clarifying changes.

20                   **Money Appropriated in this Bill:**

21                   None

22                   **Other Special Clauses:**

23                   None

24                   **Utah Code Sections Affected:**

25                   AMENDS:

26                   26-55-101, as enacted by Laws of Utah 2014, Chapter 130

27                   26-55-102, as enacted by Laws of Utah 2014, Chapter 130

28                   26-55-104, as enacted by Laws of Utah 2014, Chapter 130

29                   58-17b-507, as enacted by Laws of Utah 2014, Chapter 130

- 30 58-31b-703, as enacted by Laws of Utah 2014, Chapter 130
- 31 58-67-702, as enacted by Laws of Utah 2014, Chapter 130
- 32 58-68-702, as enacted by Laws of Utah 2014, Chapter 130
- 33 58-70a-505, as enacted by Laws of Utah 2014, Chapter 130

34 ENACTS:

35 26-55-105, Utah Code Annotated 1953

36

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

38 Section 1. Section 26-55-101 is amended to read:

39 **CHAPTER 55. OPIATE OVERDOSE RESPONSE ACT**

40 **26-55-101. Title.**

41 This chapter is known as the "~~[Emergency Administration of]~~ Opiate ~~[Antagonist]~~  
42 Overdose Response Act."

43 Section 2. Section 26-55-102 is amended to read:

44 **26-55-102. Definitions.**

45 As used in this chapter:

46 (1) "Controlled substance" means the same as that term is defined in Title 58, Chapter  
47 37, Utah Controlled Substances Act.

48 (2) "Dispense" means the same as that term is defined in Section 58-17b-102.

49 ~~[(+)]~~ (3) "Health care facility" means a hospital, a hospice inpatient residence, a  
50 nursing facility, a dialysis treatment facility, an assisted living residence, an entity that provides  
51 home- and community-based services, a hospice or home health care agency, or another facility  
52 that provides or contracts to provide health care services, which facility is licensed under  
53 Chapter 21, Health Care Facility Licensing and Inspection Act.

54 ~~[(2)]~~ (4) "Health care provider" means:

55 (a) a physician<sub>2</sub>, as defined in Section 58-67-102;

56 (b) an advanced practice registered nurse<sub>2</sub>, as defined in Subsection 58-31b-102(13); or

57 (c) a physician assistant<sub>2</sub>, as defined in Section 58-70a-102.

58 (5) "Increased risk" means risk exceeding the risk typically experienced by an  
59 individual who is not using, and is not likely to use, an opiate.

60 [(3)] (6) "Opiate" [is] means the same as that term is defined in Section 58-37-2.

61 [(4)] (7) "Opiate antagonist" means naloxone hydrochloride or any similarly acting  
62 drug that is not a controlled substance and that is approved by the federal Food and Drug  
63 Administration for the diagnosis or treatment of [a] an opiate-related drug overdose.

64 [(5)] (8) "Opiate-related drug overdose event" means an acute condition, including a  
65 decreased level of consciousness or respiratory depression resulting from the consumption or  
66 use of a controlled substance, or another substance with which a controlled substance was  
67 combined, and that a person would reasonably believe to require medical assistance.

68 (9) "Prescribe" means the same as that term is defined in Section 58-17b-102.

69 Section 3. Section **26-55-104** is amended to read:

70 **26-55-104. Prescribing, dispensing, and administering an opiate antagonist --**  
71 **Immunity from liability.**

72 (1) (a) Except as provided in Subsection (1)(b), a person other than a health care  
73 facility or health care provider [~~who~~] that acts in good faith to administer an opiate antagonist  
74 to [~~another person~~] an individual whom the person believes to be [~~suffering~~] experiencing an  
75 opiate-related drug overdose event is not liable for any civil damages [~~or~~] for acts or omissions  
76 made as a result of administering the opiate antagonist.

77 (b) A health care provider:

78 (i) does not have immunity from liability under Subsection (1)(a) when the health care  
79 provider is acting within the scope of the health care provider's responsibilities or duty of care;  
80 and

81 (ii) does have immunity from liability under Subsection (1)(a) if the health care  
82 provider is under no legal duty to respond and otherwise complies with Subsection (1)(a).

83 (2) Notwithstanding Sections 58-1-501, 58-17b-501, and 58-17b-502, a health care  
84 provider who is licensed to prescribe [~~or dispense~~] an opiate antagonist may [~~without a~~  
85 ~~prescriber-patient relationship;~~] prescribe, including by a standing prescription drug order

86 issued in accordance with Subsection 26-55-105(2), or dispense an opiate antagonist [without  
87 liability for any civil damages or acts or omissions made as a result of prescribing or dispensing  
88 an opiate antagonist in good faith, to]:

89 (a) (i) to an individual who is at increased risk of experiencing [or who is likely to  
90 experience] an opiate-related drug overdose event; or

91 [(b)] (ii) to a family member of, friend of, or other [person] individual who [may be] is  
92 in a position to assist an individual who [may be] is at increased risk of experiencing [or who is  
93 likely to experience] an opiate-related drug overdose event[-];

94 (b) without a prescriber-patient relationship; and

95 (c) without liability for any civil damages for acts or omissions made as a result of  
96 prescribing or dispensing the opiate antagonist in good faith.

97 (3) A [person] health care provider who [prescribes or] dispenses an opiate antagonist  
98 to an individual under Subsection (2)(a) shall provide education to the individual [described in  
99 Subsection (2)(a) or (b)] that includes [instructions to take the person who received]  
100 instruction:

101 (a) on the proper administration of the opiate antagonist; and

102 (b) that the individual to whom the opiate antagonist is dispensed should ensure that  
103 the individual to whom the opiate antagonist is administered is taken to an emergency care  
104 facility for a medical evaluation immediately following administration of the opiate antagonist.

105 Section 4. Section 26-55-105 is enacted to read:

106 **26-55-105. Standing prescription drug orders for an opiate antagonist.**

107 (1) Notwithstanding Title 58, Chapter 17b, Pharmacy Practice Act, a person licensed  
108 under Title 58, Chapter 17b, Pharmacy Practice Act, to dispense an opiate antagonist may  
109 dispense the opiate antagonist:

110 (a) pursuant to a standing prescription drug order made in accordance with Subsection  
111 (2); and

112 (b) without any other prescription drug order from a person licensed to prescribe an  
113 opiate antagonist.

114 (2) A physician who is licensed to prescribe an opiate antagonist, including a physician  
115 acting in the physician's capacity as an employee of the department, or a medical director of a  
116 local health department, as defined in Section 26A-1-102, may issue a standing prescription  
117 drug order authorizing the dispensing of the opiate antagonist under Subsection (1) in  
118 accordance with a protocol that:

119 (a) limits dispensing of the opiate antagonist to:

120 (i) an individual who is at increased risk of experiencing an opiate-related drug  
121 overdose event; or

122 (ii) a family member of, friend of, or other individual who is in a position to assist an  
123 individual who is at increased risk of experiencing an opiate-related drug overdose event;

124 (b) requires the physician to specify the persons, by professional license number,  
125 authorized to dispense the opiate antagonist;

126 (c) requires the physician to review at least annually the dispensing practices of those  
127 authorized by the physician to dispense the opiate antagonist;

128 (d) requires those authorized by the physician to dispense the opiate antagonist to make  
129 and retain a record of each individual to whom the opiate antagonist is dispensed, which shall  
130 include:

131 (i) the name of the individual;

132 (ii) the drug dispensed; and

133 (iii) other relevant information; and

134 (e) is approved by the Division of Occupational and Professional Licensing within the  
135 Department of Commerce by administrative rule made in accordance with Title 63G, Chapter  
136 3, Utah Administrative Rulemaking Act.

137 Section 5. Section 58-17b-507 is amended to read:

138 **58-17b-507. Opiate antagonist -- Immunity from liability -- Exclusion from**  
139 **unlawful or unprofessional conduct.**

140 (1) As used in this section:

141 (a) "Opiate antagonist" means the same as that term is defined in Section 26-55-102.

142 (b) "Opiate-related drug overdose event" means the same as that term is defined in  
143 Section 26-55-102.

144 (2) A person licensed under this chapter ~~[who]~~ that dispenses an opiate antagonist [as  
145 defined in ~~Section 26-55-102~~] to an individual with a prescription for an opiate antagonist, or  
146 pursuant to a standing prescription drug order issued in accordance with Subsection  
147 26-55-105(2), is not liable for any civil damages resulting from the outcomes that result from  
148 the eventual administration of the opiate antagonist to ~~[a person]~~ an individual who another  
149 ~~[person]~~ individual believes is ~~[suffering]~~ experiencing an opiate-related drug overdose [as  
150 defined in ~~Section 26-55-102~~] event.

151 ~~[(2)]~~ (3) The provisions of this section and Title 26, Chapter 55, Opiate Overdose  
152 Response Act, do not establish a duty or standard of care in the prescribing, dispensing, or  
153 administration of an opiate antagonist.

154 ~~[(3)]~~ (4) It is not unprofessional conduct or unlawful conduct for a licensee under this  
155 chapter to dispense an opiate antagonist to ~~[a person]~~ an individual on behalf of another  
156 ~~[person]~~ individual if the ~~[person]~~ individual obtaining the opiate antagonist has a prescription  
157 for the opiate antagonist from a licensed prescriber or the opiate antagonist is dispensed  
158 pursuant to a standing prescription drug order issued in accordance with Subsection  
159 26-55-105(2).

160 Section 6. Section 58-31b-703 is amended to read:

161 **58-31b-703. Opiate antagonist -- Exclusion from unprofessional or unlawful**  
162 **conduct.**

163 ~~[(1) Title 26, Chapter 55, Emergency Administration of Opiate Antagonist Act, applies~~  
164 ~~to a licensee under this chapter.]~~

165 (1) As used in this section:

166 (a) "Dispensing" means the same as that term is defined in Section 58-17b-102.

167 (b) "Increased risk" means the same as that term is defined in Section 26-55-102.

168 (c) "Opiate antagonist" means the same as that term is defined in Section 26-55-102.

169 (d) "Opiate-related drug overdose event" means the same as that term is defined in

170 Section 26-55-102.

171 (e) "Prescribing" means the same as that term is defined in Section 58-17b-102.

172 (2) The prescribing or dispensing of an opiate antagonist [~~as defined in Section~~  
173 ~~26-55-102~~] by a licensee under this chapter is not unprofessional or unlawful conduct if the  
174 licensee prescribed or dispensed the opiate antagonist in a good faith effort to assist:

175 (a) [~~a person~~] an individual who is at increased risk of experiencing [~~or who is likely to~~  
176 ~~experience~~] an opiate-related drug overdose event [~~as defined in Section 26-55-102~~]; or

177 (b) a family member of, friend of, or other [~~person~~] individual who is in a position to  
178 assist [~~a person~~] an individual who [~~may be~~] is at increased risk of experiencing [~~or who is~~  
179 ~~likely to experience~~] an opiate-related drug overdose event.

180 (3) The provisions of this section and Title 26, Chapter 55, [~~Emergency Administration~~  
181 ~~of~~] Opiate [~~Antagonist~~] Overdose Response Act, do not establish a duty or standard of care in  
182 the prescribing, dispensing, or administration of an opiate antagonist.

183 Section 7. Section **58-67-702** is amended to read:

184 **58-67-702. Opiate antagonist -- Exclusion from unlawful or unprofessional**  
185 **conduct.**

186 [~~(1) Title 26, Chapter 55, Emergency Administration of Opiate Antagonist Act, applies~~  
187 ~~to a licensee under this chapter.~~]

188 (1) As used in this section:

189 (a) "Dispensing" means the same as that term is defined in Section 58-17b-102.

190 (b) "Increased risk" means the same as that term is defined in Section 26-55-102.

191 (c) "Opiate antagonist" means the same as that term is defined in Section 26-55-102.

192 (d) "Opiate-related drug overdose event" means the same as that term is defined in

193 Section 26-55-102.

194 (e) "Prescribing" means the same as that term is defined in Section 58-17b-102.

195 (2) The prescribing or dispensing of an opiate antagonist [~~as defined in Section~~  
196 ~~26-55-102~~] by a licensee under this chapter is not unprofessional or unlawful conduct if the  
197 licensee prescribed or dispensed the opiate antagonist in a good faith effort to assist:

198 (a) ~~[a person]~~ an individual who is at increased risk of experiencing ~~[or who is likely to~~  
199 ~~experience]~~ an opiate-related drug overdose event ~~[as defined in Section 26-55-102];~~ or

200 (b) a family member of, friend of, or other ~~[person]~~ individual who is in a position to  
201 assist ~~[a person]~~ an individual who ~~[may be]~~ is at increased risk of experiencing ~~[or who is~~  
202 ~~likely to experience]~~ an opiate-related drug overdose event.

203 (3) The provisions of this section and Title 26, Chapter 55, ~~[Emergency Administration~~  
204 ~~of]~~ Opiate ~~[Antagonist]~~ Overdose Response Act, do not establish a duty or standard of care in  
205 the prescribing, dispensing, or administration of an opiate antagonist.

206 Section 8. Section ~~58-68-702~~ is amended to read:

207 **58-68-702. Opiate antagonist -- Exclusion from unlawful or unprofessional**  
208 **conduct.**

209 ~~[(1) Title 26, Chapter 55, Emergency Administration of Opiate Antagonist Act, applies~~  
210 ~~to a licensee under this chapter.]~~

211 (1) As used in this section:

212 (a) "Dispensing" means the same as that term is defined in Section 58-17b-102.

213 (b) "Increased risk" means the same as that term is defined in Section 26-55-102.

214 (c) "Opiate antagonist" means the same as that term is defined in Section 26-55-102.

215 (d) "Opiate-related drug overdose event" means the same as that term is defined in  
216 Section 26-55-102.

217 (e) "Prescribing" means the same as that term is defined in Section 58-17b-102.

218 (2) The prescribing or dispensing of an opiate antagonist ~~[as defined in Section~~  
219 ~~26-55-102]~~ by a licensee under this chapter is not unprofessional or unlawful conduct if the  
220 licensee prescribed or dispensed the opiate antagonist in a good faith effort to assist:

221 (a) ~~[a person]~~ an individual who is at increased risk of experiencing ~~[or who is likely to~~  
222 ~~experience]~~ an opiate-related drug overdose event ~~[as defined in Section 26-55-102];~~ or

223 (b) a family member of, friend of, or other ~~[person]~~ individual who is in a position to  
224 assist ~~[a person]~~ an individual who ~~[may be]~~ is at increased risk of experiencing ~~[or who is~~  
225 ~~likely to experience]~~ an opiate-related drug overdose event.

226 (3) The provisions of this section and Title 26, Chapter 55, [~~Emergency Administration~~  
227 of] Opiate [~~Antagonist~~] Overdose Response Act, do not establish a duty or standard of care in  
228 the prescribing, dispensing, or administration of an opiate antagonist.

229 Section 9. Section ~~58-70a-505~~ is amended to read:

230 **58-70a-505. Opiate antagonist -- Exclusion from unlawful or unprofessional**  
231 **conduct.**

232 [~~(1) Title 26, Chapter 55, Emergency Administration of Opiate Antagonist Act, applies~~  
233 ~~to a licensee under this chapter.~~]

234 (1) As used in this section:

235 (a) "Dispensing" means the same as that term is defined in Section 58-17b-102.

236 (b) "Increased risk" means the same as that term is defined in Section 26-55-102.

237 (c) "Opiate antagonist" means the same as that term is defined in Section 26-55-102.

238 (d) "Opiate-related drug overdose event" means the same as that term is defined in  
239 Section 26-55-102.

240 (e) "Prescribing" means the same as that term is defined in Section 58-17b-102.

241 (2) The prescribing or dispensing of an opiate antagonist [~~as defined in Section~~  
242 ~~26-55-102~~] by a licensee under this chapter is not unprofessional or unlawful conduct if the  
243 licensee prescribed or dispensed the opiate antagonist in a good faith effort to assist:

244 (a) [~~a person~~] an individual who is at increased risk of experiencing [~~or who is likely to~~  
245 ~~experience~~] an opiate-related drug overdose event [~~as defined in Section 26-55-102~~]; or

246 (b) a family member of, friend of, or other [~~person~~] individual who is in a position to  
247 assist [~~a person~~] an individual who [~~may be~~] is at increased risk of experiencing [~~or who is~~  
248 ~~likely to experience~~] an opiate-related drug overdose event.

249 (3) The provisions of this section and Title 26, Chapter 55, [~~Emergency Administration~~  
250 of] Opiate [~~Antagonist~~] Overdose Response Act, do not establish a duty or standard of care in  
251 the prescribing, dispensing, or administration of an opiate antagonist.