



UTAH DEPARTMENT
OF COMMERCE

Division of Professional Licensing

CONTROLLED SUBSTANCE DATABASE: PROCEDURES, POLICIES & LAWS



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Utah Controlled Substance Database Program

“The Utah Controlled Substance Database (CSD) Program was legislatively created and put into effect on July 1, 1995. The CSD collects data on the dispensing of Schedule II-V drugs from [most] retail, institutional, and outpatient hospital pharmacies, and in-state/out-of-state mail order pharmacies. The data is disseminated to authorized individuals and used to identify potential cases of drug over-utilization, misuse, and over-prescribing of controlled substances (CS) throughout the state.”

Controlled Substance Database Inputs

The Controlled Substance Database Act (CSDA) mandates CS information collection from five direct sources (*Figure 1*):

- Pharmacy Data via RxGov
 - Facilitation of data collection is contracted through RxGov [R156-37f-104].
 - In-state pharmacies and non-resident pharmacies submit CS information in real-time [UCA§58-37f-203(1)(a)(i)] **OR** 24 hour batches or next business day [UCA§58-37f-203(1)(a)(ii)], whichever is later.
- Hospitals
 - Hospitals submit a report to CSD within three days of admission of patients, aged 12 years or older, admitted for controlled substance overdose or poisonings. [UCA§26-21-26].
- Justice System
 - The Justice System sends certain convictions of “produce, manufacture, or dispense, or to possess with intent to produce, manufacture, or dispense, a controlled or counterfeit substance... [UCA§58-37-8(1)(e)].
 - Justice System sends certain driving under the influence (DUI) reports [UCA§41-6a-502(4) or UCA§41-6a-502.5(5)(b)].

- Office of Medical Examiner
 - Office of Medical Examiner sends a report of death resulted from poisoning or overdose involving a prescribed controlled substance [UCA§26-4-10.5(1)].
- State Electronic Verification System submits medical cannabis information [UCA§26-61a-103(2)(h)] collected from the following sources
 - Issuance and revocation of medical cannabis card [patient card UCA§26-61a-201(13) & caregiver card UCA§26-61a-202(9)]
 - Medical Cannabis Dispensing [UCA§26-61a-502(6)(a)(ii)]

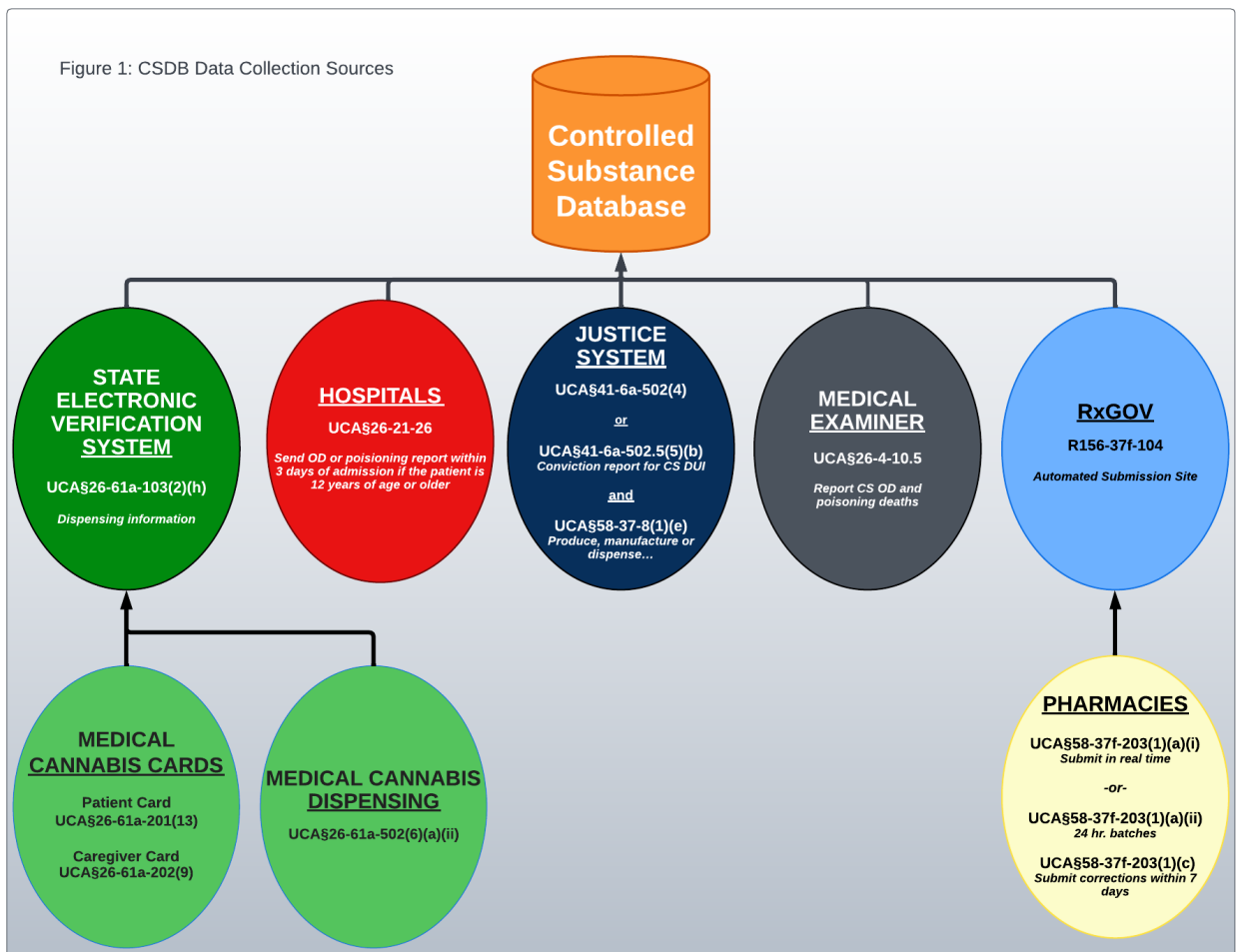


Figure 1: Entities that supply information to the CSD

Controlled Substance Database Team Required Actions

The CSDA details seven categories of controlled substance data collection requiring Department of Professional Licensing (DOPL) action (Figure 2). The following summarizes the processes, CSD means of notification, educational topic(s), Practitioner educational requirements, and associated penalty if Practitioner is non-compliant with mandated educational requirement, and further CSD team course of actions if required according to the CSDA.

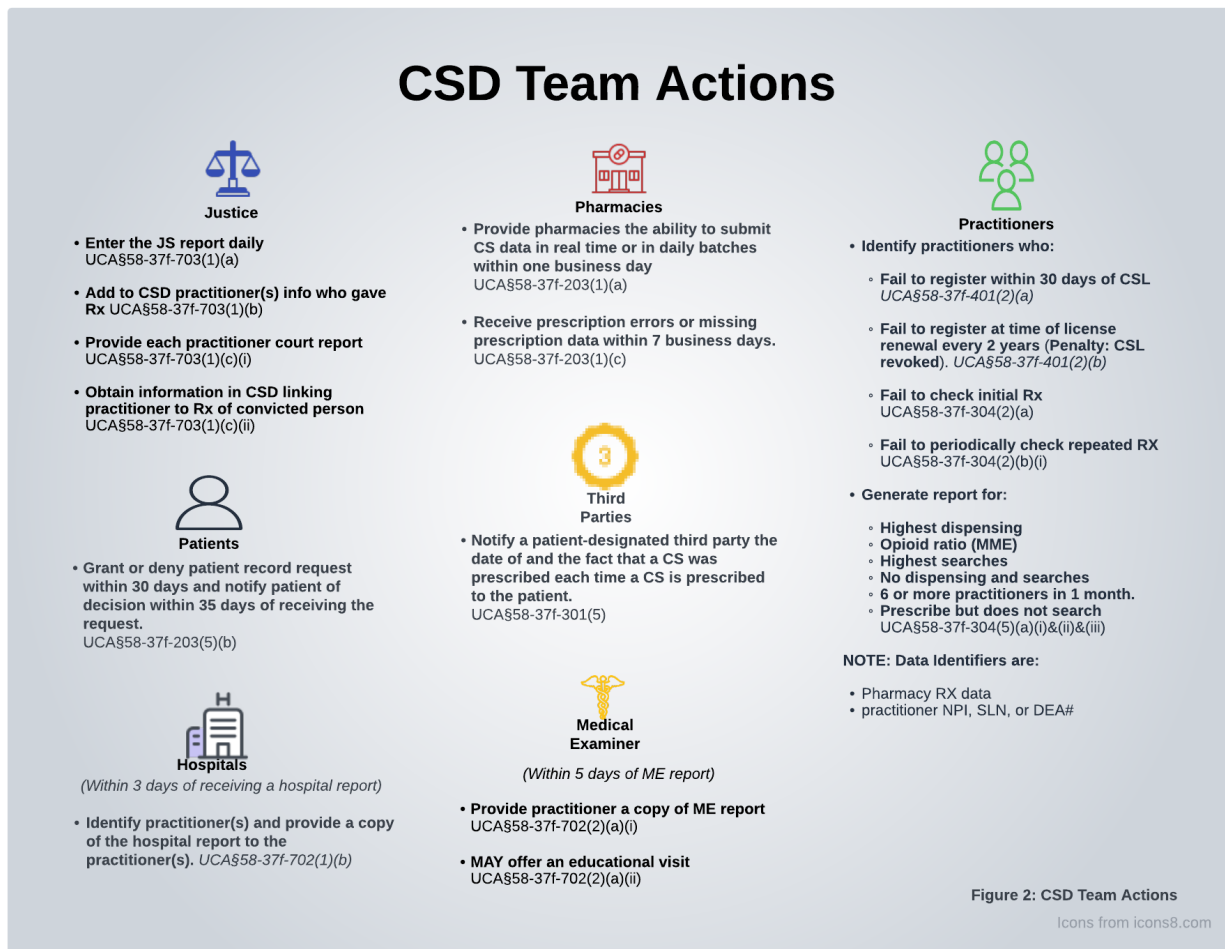


Figure 2: CSD Teams Actions

Practitioner:

A. Pattern of Prescribing: “The division shall review and identify any Practitioner who has a pattern of prescribing opioids not in accordance with the recommendations of ...”

[UCA§58-37f-304(5)(a)(i)&(ii)&(iii)]

1. CSD TEAM PROCESS

- CSD team creates a monthly report listing providers who prescribe but do not search the CSD (*Figure 3*).
- The CSD business analyst generates a monthly report of the top 30 practitioners with the highest number of opioid prescriptions with no CSD searches. The CSD Team meets with the AD team to identify which practitioners on the list to contact.
- Once the AD Practitioner training list has been created, the AD contacts each Practitioner to schedule training.

2. MEANS OF NOTIFICATION

- AD staff sends a certified letter to the Practitioner. Followed up an email or a phone call.

3. CONTROLLED SUBSTANCE DATABASE TEAM’S EDUCATION TOPIC

- Best practices education must be offered UCA§58-37f-304(5)(b)

4. PRACTITIONER EDUCATIONAL REQUIREMENT

- Voluntary UCA§58-37f-304(5)(c)

5. ASSOCIATED PENALTY FOR NON-COMPLIANCE

- None

6. CONTROL SUBSTANCE DATABASE ACT REQUIRED FOLLOWUP ACTIONS

- None

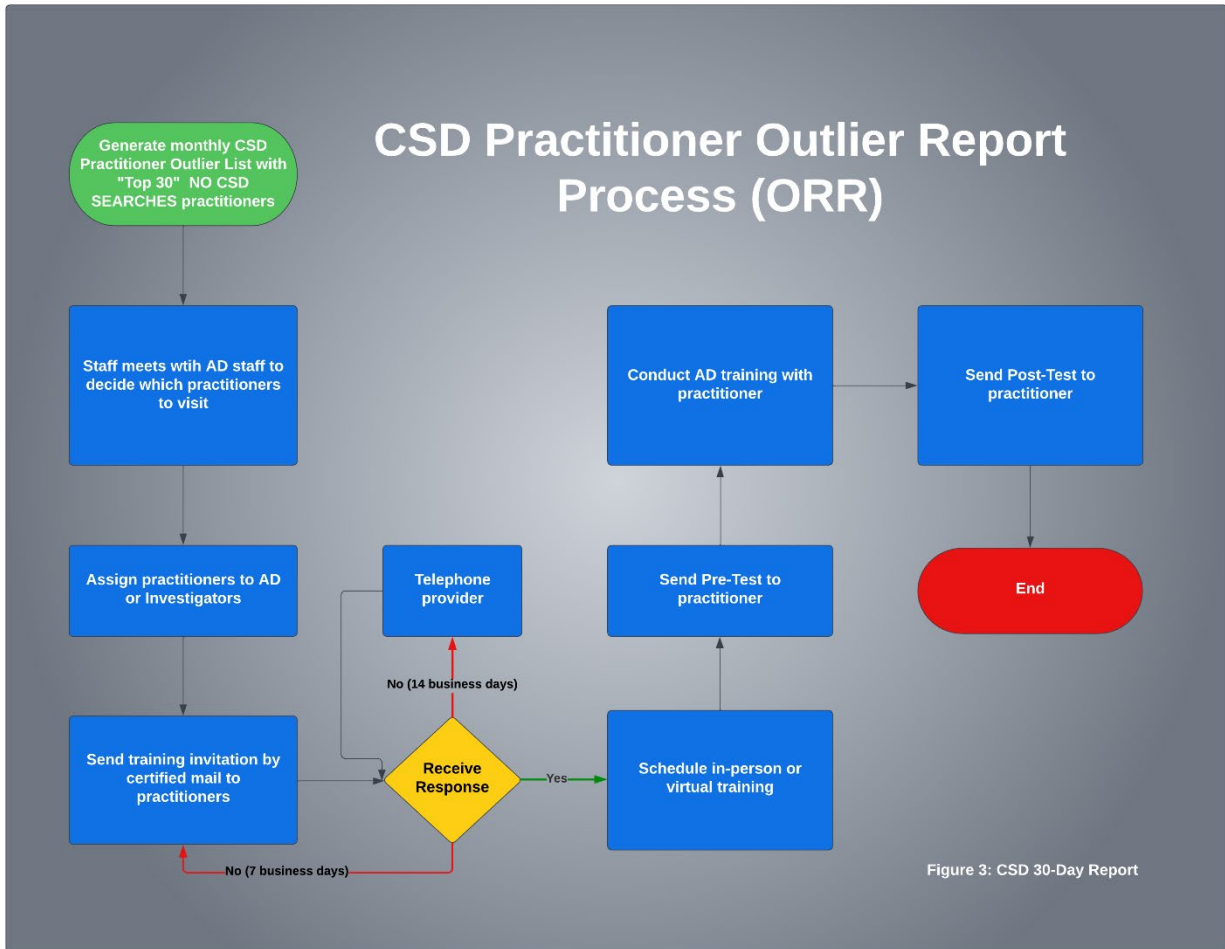


Figure 3: CSD Practitioner Outlier Report

B. CSD registration requirement. CSD Database Registration Required. New CS license Practitioners (excluding veterinarians) must within 30 days of obtaining a federal Drug Enforcement Administration number (DEA#), must register with the Utah CSD program [UCA§58-37f-401(2)(a)]. The rationale allows the DEA time for processing once a state CS license is approved. Every seven-days the DEA file is uploaded, and potential new registrants can be identified.

1. CSD TEAM PROCESS

- None (in development to identify new DEA's each week)

2. MEANS OF NOTIFICATION

- None (Boards reach out to licensee for registration once approved)

3. CONTROLLED SUBSTANCE DATABASE TEAM'S EDUCATION TOPIC

- None (Practitioner Tutorial is required each renewal cycle)
- 4. PRACTITIONER EDUCATION REQUIREMENT
 - None (Per the law, practitioners should be completing the Tutorial before registering with the CSD)
- 5. ASSOCIATED PENALTY FOR NON-COMPLIANCE [UCA§58-37f-401(4)(a)-(c)]
 - Refuse to issue license
 - Refuse to renew the individual's license
 - Revoke, suspend, restrict, or place on probation

C. Practitioner Tutorial. Practitioners, other than veterinarians, must participate in the online tutorial and pass the online test described in Section 58-37f-402, in order to register to use the database.

1. CSD TEAM PROCESS
 - None (No notification exists when a practitioner completes the tutorial. Help is only offered if they run into a problem)
2. MEANS OF NOTIFICATION
 - None
3. CONTROLLED SUBSTANCE DATABASE TEAM'S EDUCATION TOPIC
 - CSD Practitioner tutorial (0.5 CEU)
 - Updated by DOPL as needed
4. PRACTITIONER EDUCATION REQUIREMENT
 - MUST take online training AND pass online test to register [UCA§58-37f-401(3)]
5. ASSOCIATED PENALTY FOR NON-COMPLIANCE [UCA§58-37f-401(4)(a)-(c)]
 - Refuse to issue license
 - Refuse to renew the individual's license
 - Revoke, suspend, restrict, or place on probation

II. Hospital Overdose [UCA§58-37f-702(1)(b)(i)]

1. CSD TEAM PROCESS

- After receiving a report [of any controlled substance OD or poisoning] from a general hospital, the division shall, within three business days attempt to identify each CS Practitioner AND
- Provide each Practitioner:
 - with a copy of the hospital report [UCA§58-37f-702(1)(b)(ii)(A) & (B)] AND
 - the information obtained from the database that led the division to determine that the practitioner receiving the information may have prescribed the controlled substance to the person named in the report. [UCA§58-37f-702(1)(b)(ii)(B)]

2. MEANS OF NOTIFICATION

- Practitioners are emailed a one-time letter

3. CONTROLLED SUBSTANCE DATABASE TEAM'S EDUCATION TOPIC

- None

4. PRACTITIONER EDUCATION REQUIREMENT

- None

5. ASSOCIATED PENALTY FOR NON-COMPLIANCE

- None

III. Medical Examiner [UCA§58-37f-702(2)(a)(i)]. The division shall, within five days of receiving the Office of the Medical Examiner (OME) report [all deaths, any CS, all ages], provide OME identified Practitioner(s) with a copy of the report AND May offer an educational visit to review the report [UCA§58-37f-702(2)(a)(ii)].

1. CSD TEAM PROCESS (*Figure 4*)

- CSD receives OME report. The CSD staff uploads data into the database, and emails Practitioner with a copy of the OME report and an offer for training.

2. MEANS OF NOTIFICATION

- CSD staff emails Practitioner.

3. CONTROLLED SUBSTANCE DATABASE TEAM'S EDUCATION TOPIC

- Review of OME overdose (OD) or poisoning report and CSD dashboards.

4. PRACTITIONER EDUCATION REQUIREMENT

- Voluntary [UCA§58-37f-702(2)(b)]
5. ASSOCIATED PENALTY FOR NON-COMPLIANCE
- None

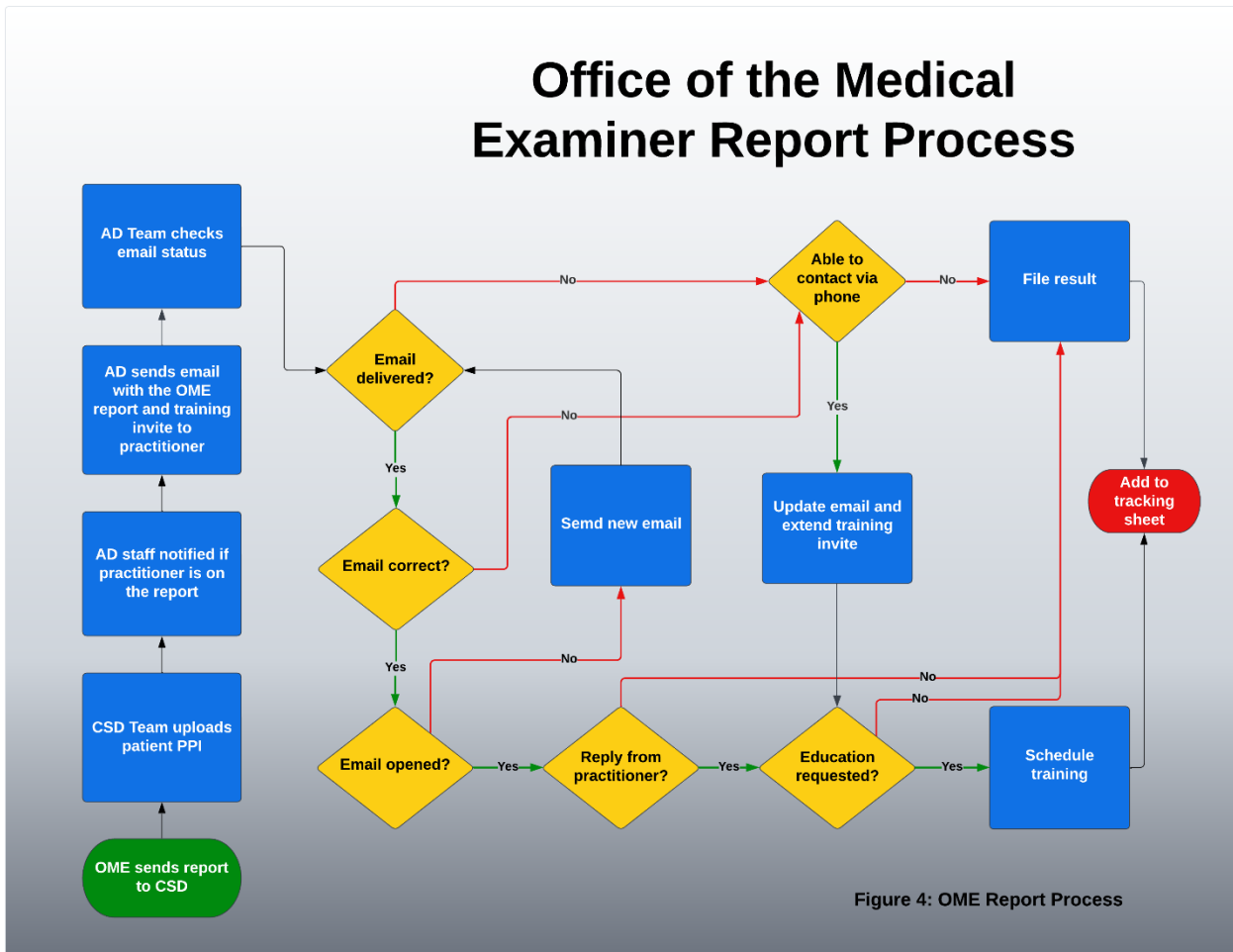


Figure 4: Office of Medical Examiner Report Process

IV. Justice [UCA§58-37f-703(1)(a)]. When the division receives a report from a court for DUI of a CS, it shall be entered daily into the database; AND an attempt to identify each practitioner who may have prescribed a CS to the person convicted [UCA§58-37f-703(1)(b)]; AND Provide each Practitioner: 1) A copy of the court report [UCA§58-37f-703(1)(c)(i)] 2) Information from the database that led the division to believe they may have prescribed the CS to the convicted person. [UCA§58-37f-703(1)(c)(ii)]

1. CSD TEAM PROCESS (*Figure 5*)
 - CSD staff enters the justice system CS DUI report into the CSD daily. The division sends a one-time email to all Practitioner(s) who have prescribed prescriptions, regardless of drug classification, a copy of the CS DUI conviction report. The letter includes a statement explaining that the division has made no determination of the propriety of their prescribing habits.
2. MEANS OF NOTIFICATION
 - CSD staff sends an email to the Practitioner
3. CONTROLLED SUBSTANCE DATABASE TEAM'S EDUCATION TOPIC
 - None
4. PRACTITIONER EDUCATION REQUIREMENT
 - None
5. ASSOCIATED PENALTY FOR NON-COMPLIANCE
 - None

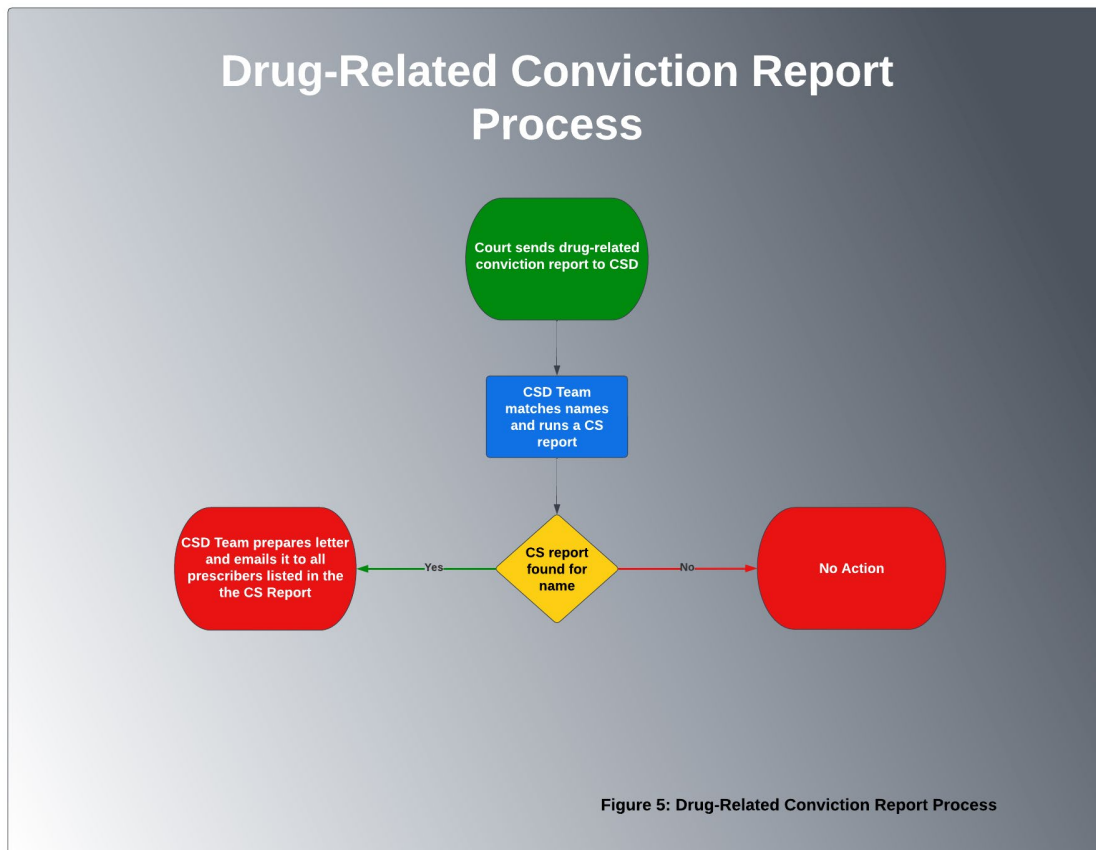


Figure 5: Drug-Related Conviction Report Process

V. Pharmacy

A. Forged, False, Altered prescriptions presented by an individual [UCA§58-37f-201(6)(d)]

1. CSD TEAM PROCESS

- When an individual is reported to the CSD for fraudulent activity, the complainant is advised to contact local law enforcement and send an email to DOPLInvestigations@utah.gov. DOPL Investigations will determine whether to send a Pharmacy Alert.

2. MEANS OF NOTIFICATION

- DOPL Investigations sends an Pharmacy Alert

3. CONTROLLED SUBSTANCE DATABASE TEAM'S EDUCATION TOPIC

- None

4. PRACTITIONER EDUCATION REQUIREMENT

- None

5. ASSOCIATED PENALTY FOR NON-COMPLIANCE

- None

B. Failure by pharmacist to submit information and correct errors [UCA§58-37f-203]

(Figure 6)

1. CSD TEAM PROCESS

- Submission – Daily, a check of chain pharmacies is run for missing data. Non-chain pharmacies are checked on a seven-day business lag.
 - The source of errors are evaluated to be either RxGov or vendor/pharmacy.
 - RxGov - files are requested from RxGov and manually uploaded into the database.
 - Vendor and Pharmacy – an email is sent to the pharmacist in charge notifying them of the deficiency and a record is created in the seven-day non-compliance spreadsheet for tracking.
- Error Correction Follow-up
 - RxGov Errors - Pharmacies receive a daily email from RxGov notifying them of errors in submissions.

- RxGov errors include formatting issues sent by the pharmacy (missing a field, field too long or incorrect format, etc.)
- The CSD Team runs a report on a 48- hour business lag and sends an email to the pharmacy to remind them of errors to be corrected. These file errors are placed on the non-compliance report with a due date of seven business days
- Bridge Fatal Errors - Pharmacies are notified when there is an error (incorrect DEA, incorrect NDC) in the data that was submitted to the State by RxGov. CSD Team then adds the record(s) to the non-compliance report with a due date of seven business days.

2. MEANS OF NOTIFICATION

- CSD sends initial notification sent by email. Non-compliance report is updated daily and a phone call is made to the pharmacy when pharmacy has not made correction or submitted data. If non-submitted data or correct persists after 3 emails and a phone call, the CSD Administrator is notified to determine if a investigation is needed. At the end of each week, fatal folders are audited by CSD Team to ensure any overlooked records are addressed.

3. CONTROLLED SUBSTANCE DATABASE TEAM’S EDUCATION TOPIC

Assist pharmacy and/or vendors with submission issues regarding the requirement to report each day of the year either with data or zero/null report.

- Pharmacy
 - Training on error correction on the RxGov site.(pharmacy
 - Training on correcting fatal errors depending on the software the pharmacy has; a corrected record being resubmitted, or a Universal Claim form being submitted on RxGov.
- Practitioner
 - If a practitioner calls about a missing prescription, they are informed to contact the pharmacy to make sure the pharmacy records are accurate. If a discrepancy exists the practitioner should advise the pharmacy and ask them to contact the CSD.

4. PRACTITIONER EDUCATION REQUIREMENT

- None

5. ASSOCIATED PENALTY FOR NON-COMPLIANCE [UCA§58-37f-602]

- Potential Penalties
 - (a) Refuse to issue a license to the pharmacist-in-charge or the pharmacy;
 - (b) Refuse to renew the license of the pharmacist-in-charge or the pharmacy;
 - (c) Revoke, suspend, restrict, or place on probation the license of the pharmacist-in-charge or the pharmacy;
 - (d) Issue a public reprimand to the pharmacist-in-charge or the pharmacy;
 - (e) Issue a cease and desist order to the pharmacist-in-charge, the pharmacy, or the third party; and
 - (f) Impose a civil penalty on the pharmacist-in-charge, the pharmacy, or the third party of up to \$1,000 for each dispensed prescription regarding which the required information is not submitted in accordance with the requirements of Section 58-37f-203.

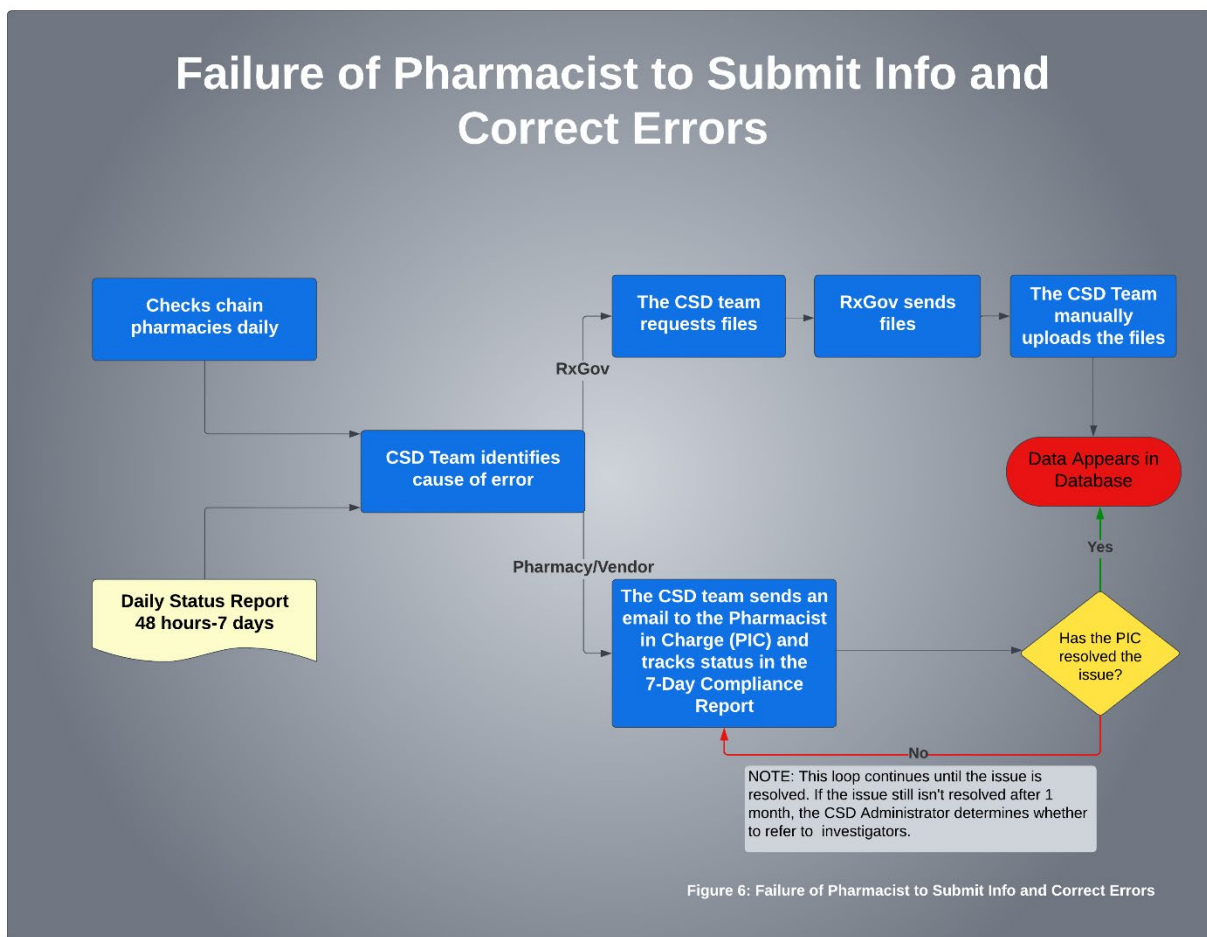


Figure 6: Failure of Pharmacist to Submit Info and Correct Errors

VI. Patient Records

A. Written request for individual to obtain CSD records [UCA§58-37f-203(4)]

1. CSD TEAM PROCESS (*Figure 7*)

- Upon receiving a completed “Request for Information” form, the CSD team verifies identification of the individual through in-person identification check or notary.
 - The CSD will provide individuals with a copy of records that pertain to them only, or a minor child upon proof of guardianship (birth certificate, divorce decree).
 - Send records to a person or entity authorized by a third party release.
 - Original copy, notarized, a copy of the id
 - Individual can request an accountability list of who accessed their records. Request must include a date range.

2. MEANS OF NOTIFICATION

- CSD team corresponds by email, phone or in-person and delivers reports through USPS, email, or in-person

3. CONTROLLED SUBSTANCE DATABASE TEAM’S EDUCATION TOPIC

- Practitioners, Dispensers, and Proxies should not release reports to patients or family members and be directed to contact the CSD team directly.

4. PRACTITIONER EDUCATION REQUIREMENT

- None

5. ASSOCIATED PENALTY FOR NON-COMPLIANCE

- Unlawful release or use of database information-criminal and civil penalties [UCA§58-37f-601].
 - 3rd degree felony if knowingly and intentionally
 - Class C Misdemeanor negligently or recklessly

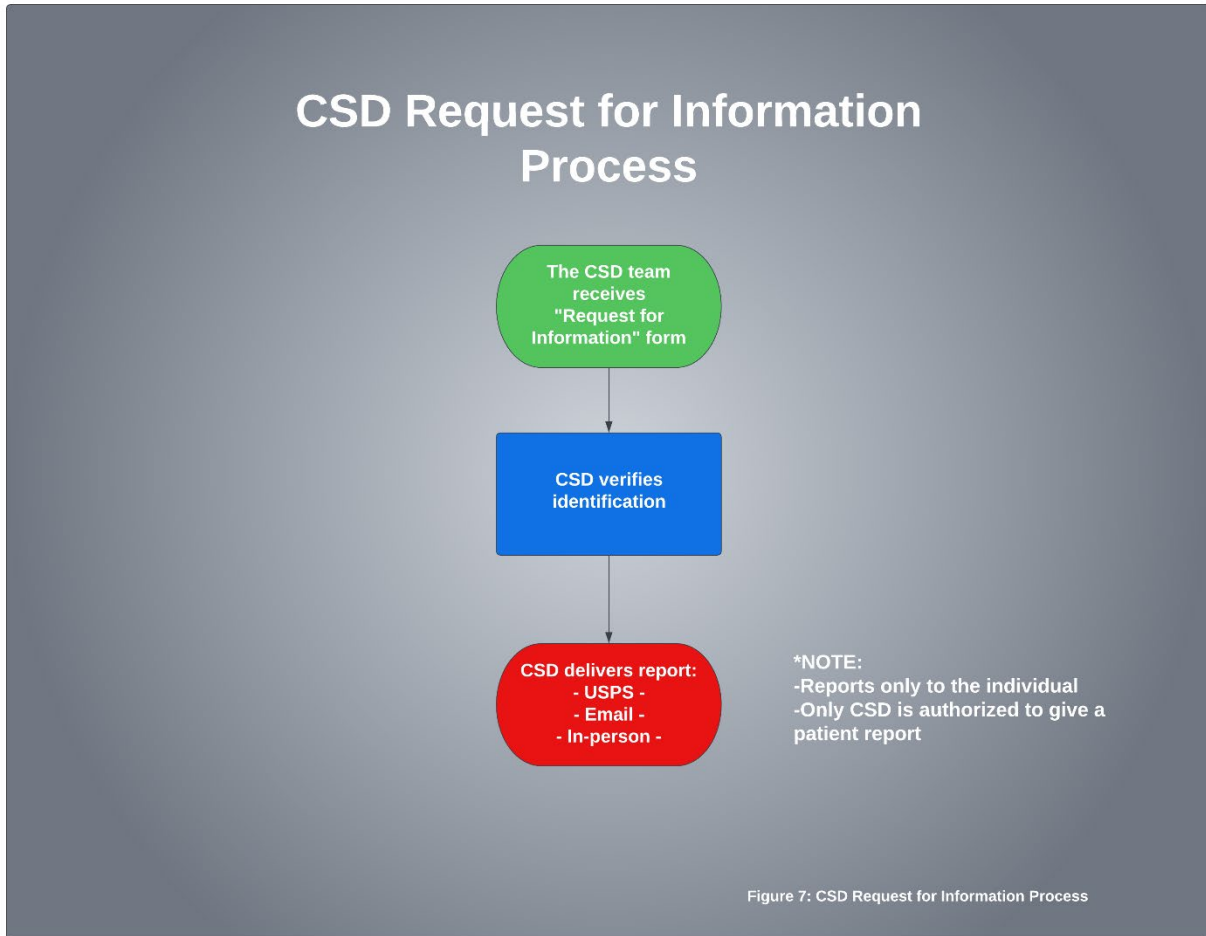


Figure 7: CSD Request for Information Process

B. Correction of incorrect patient information in the CSD [UCA§58-37f-203(5)] (Figure 8)

1. CSD TEAM PROCESS

- Upon written request, the CSD team reaches out to Pharmacy or Pharmacy vendor to verify if data was submitted incorrectly.
 - Within 30 days of request, a decision must be made whether their petition is correct. Notification must be sent to patient within 35 days of their request
- Pharmacy or pharmacy vendor submits documentation, and if correction needed CSD team will make correction.

2. MEANS OF NOTIFICATION

- CSD Team informs patient if change is accepted or denied. If accepted, the CSD Team makes the correction. If denied, the patient may submit an appeal to the Dept. of Commerce; notification must be made within 60 days from original request.
3. CONTROLLED SUBSTANCE DATABASE TEAM’S EDUCATION TOPIC
 - None
 4. PRACTITIONER EDUCATION REQUIREMENT
 - None
 5. ASSOCIATED PENALTY FOR NON-COMPLIANCE
 - None

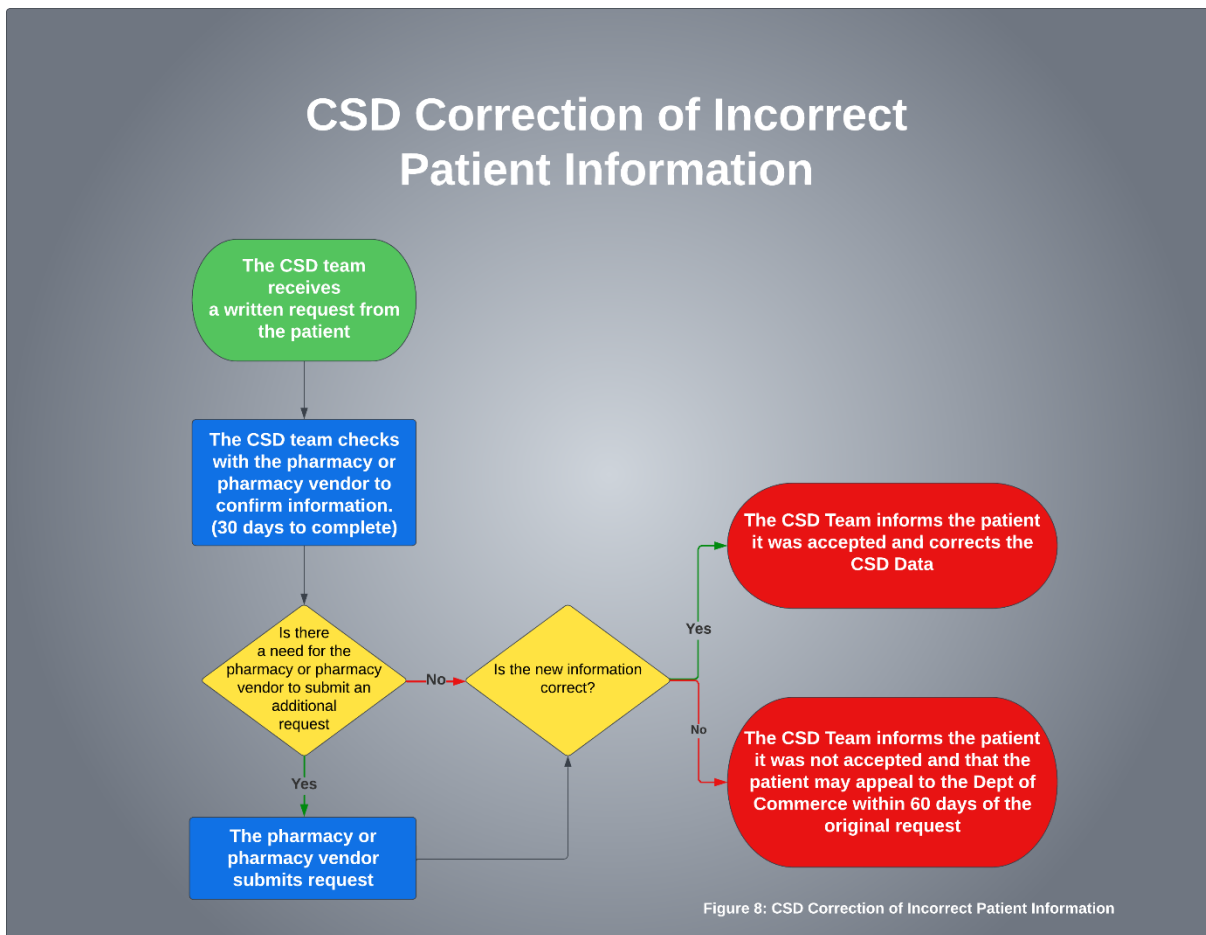


Figure 8: CSD Correction of Incorrect Patient Information

VII. Third-party notifications [UCA§58-37f-301(5)]

Provide information to individual's designated third-party each time a controlled substance prescription is dispensed. (Figure 9)

1. CSD TEAM PROCESS

- Upon written request from an individual, with proper identification, the CSD team will record the request and begin notification to a third-party individual.
- The CSD Team checks daily for new dispensing and if found sends an email to the third-party designee. If no new dispensing, then no action required.

2. MEANS OF NOTIFICATION

- All communication is done through mail or email.

3. CONTROLLED SUBSTANCE DATABASE TEAM'S EDUCATION TOPIC

- None

4. PRACTITIONER EDUCATION REQUIREMENT

- None

5. ASSOCIATED PENALTY FOR NON-COMPLIANCE

- None

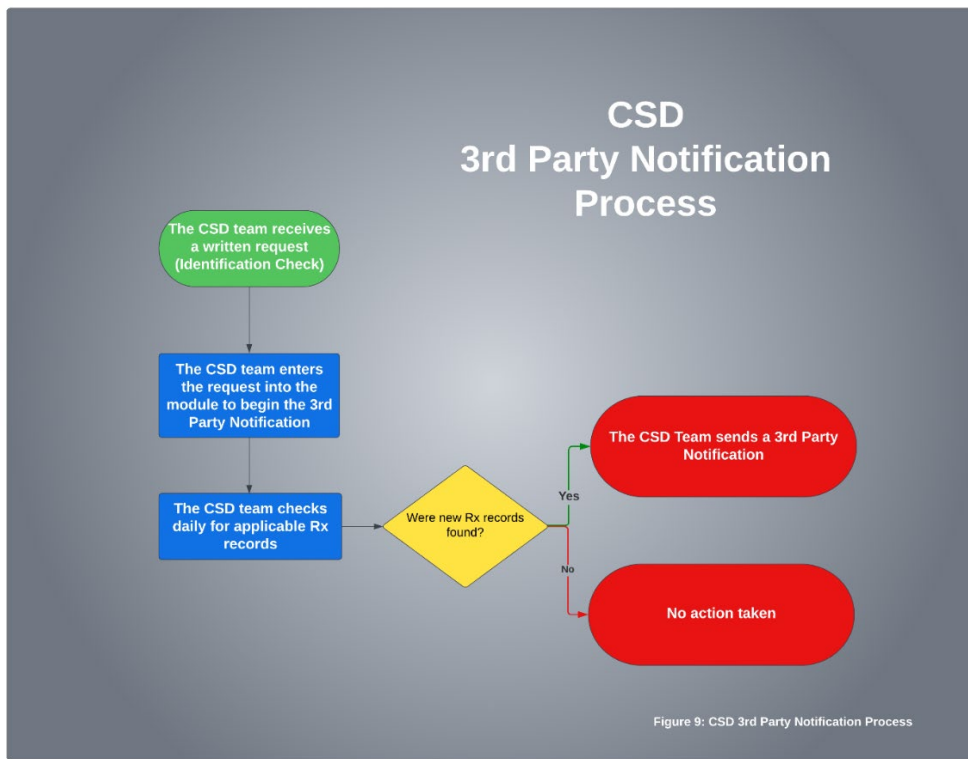


Figure 9: CSD 3rd Party Notification Process

Entities Granted Access and Utilization of the CSD

Access to the CSD is divided into five general occupational categories [UCA§58-37f-301]

(Figure 9):

1. Practitioners of CSD
2. CS Pharmacies
3. Department of Health and Human Services
4. Law Enforcement
5. CSD Team

Entities within each category may have statutory limitations regarding the type of data viewed and/or collected. Presently, the CSD does not have the capability of limiting data field access based on user occupational classification or account credentialing and as such, those with statutorily limited CSD access, in actuality, have full data field access with the only protective barrier to confidential prescription information being the honor system.

The CSD team is responsible for vetting and granting in-direct access requests for CSD information. In-direct utilizers of the CSD include the following individuals:

- Recipients of a prescription entered into the CSD
- CS recipients requesting information of individual(s) who have received the requestor's personal CSD information and lastly
- Third-party notification of a recipient's (pre-authorized) CSD report

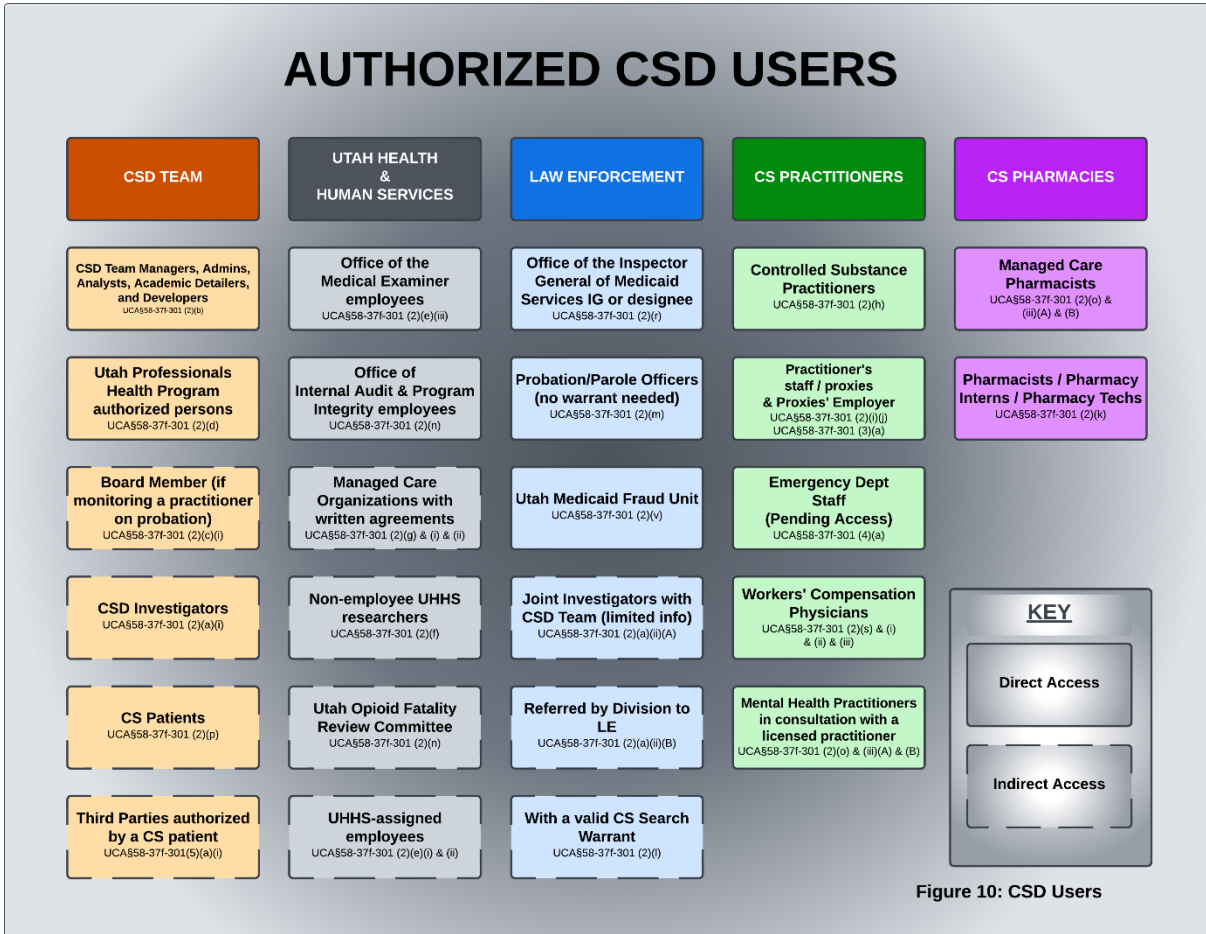


Figure 10: CSD Authorized Users

Controlled Substance Database Legislation

(Date listed is the date it became effective, text displayed is from the summation of the bill)

Date	Bill Number, Title	Bill Summary
2023	H.B. 288 Opioid Dispensing Requirements	This bill creates certain requirements for the dispensing of opioids.
	H.B.355 Utah Data Research Center Amendments	This bill amends the Utah Data Research Advisory Board.
	S.B. 86 Drug Testing and Paraphernalia Amendments	This bill creates an exemption from liability under the Utah Controlled Substances Act for certain entities that temporarily possess a controlled or counterfeit substance in order to conduct a test on the substance for a certain reason; modifies the definition of "drug paraphernalia" to exclude certain testing products or equipment; and makes technical and conforming changes.
2022	H.B. 29 Driving Offenses Amendments	Concerns offenses relating to the operation of a motor vehicle. No effect upon the CSD, minor code update
2021	H.B. 85 Controlled Substance Database Access Amendments	Amends the Controlled Substance Database Act. Authorizes the Division of Occupational and Professional Licensing to provide information to a managed care organization under certain circumstances; creates an exception to certain restrictions on access to the controlled substance database; and makes technical changes.
	S.B. 76 Controlled Substance Database Access	Provides access to the controlled substance database to the Utah Medicaid.
	S.B. 177 Pharmacy Practice Revisions	Amends provisions related to pharmacy. Addresses corrections to data submitted to the controlled substance database controlled substance database
2020	H.B. 285 Utah Professionals	Enacts a health program for health care professionals to provide an alternative to public disciplinary action for licensees who have substance use disorders.

	Health Program	
	H.B. 423 Probate Modifications	Adds pharmacy interns and technicians to persons with access to the Controlled Substance Database.
	S.B. 23 Traffic Safety Amendments	Modifies provisions related to the Division of Occupational and Professional Licensing (the division).58-37f-302. Other restrictions on access to database.
	S.B. 145 Pharmacy Practice Act Amendments	Amends provisions relating to the practice of pharmacy, exempts controlled substances dispensed for administration or use in a health care
2019	H.B. 186 State Land Purchase Restrictions	Amends the Controlled Substance Database Act. Permits the Division of Occupational and Professional Licensing to consult with Practitioners and health care systems on best practices with respect to prescribing controlled substances. Amends provisions relating to steps that the division must take after it receives a report from a medical examiner relating to an overdose involving a controlled substance. Makes certain records protected under the Government Records Access and Management Act.
	H.B. 449 Controlled Substances Amendments	Amends the Controlled Substances Act and the Controlled Substance Database Act. Reschedules Tramadol from Schedule V to Schedule IV; and creates a reporting requirement for certain non-controlled substances.
2018	H.B. 37 Occupational and Professional Licensing Amendments	Modifies statutory provisions related to the Division of Occupational and Professional Licensing (DOPL).
	H.B. 52 Health and Human Services Reports	Addresses statutorily required reports related to health and human services topics.
	H.B. 127 Controlled Substance Database Act Amendments	Changes the requirements for checking the controlled substance database. Delays enforcement of the requirements in this bill to check the controlled substance database. Modifies the authority of the Division of Occupational and Professional Licensing to review the controlled substance database to identify any Practitioner who may be overprescribing opioids. Grants the Division of Occupational and Professional Licensing the authority to provide education or training to certain Practitioners and to take other enforcement action. Modifies enforcement provisions.

		Requires a prescriber to check the Controlled Substance Database for information about a patient before the first time the prescriber gives a prescription to a patient for a Schedule II opioid or a Schedule III opioid, with the following exceptions: emergency situations and times when the Database or the Internet are down)
	H.B. 158 Electronic Information or Data Privacy Act Modifications	Modifies the requirements related to providing information to DOPL for inclusion in the controlled substance database. Modifies who may be penalized for failing to submit information to the controlled substance database as required by state statute; and makes technical changes.
	H.B. 434 Controlled Substance Act Amendments	Adds certain substances to the lists of controlled substances and Schedule I controlled substances.
	S.B. 116 Revisor's Technical Corrections to Utah Code	This bill modifies parts of the Utah Code to make technical corrections, including eliminating references to repealed provisions, making minor wording changes, updating cross-references, and correcting numbering.
2017	H.B. 50 Opioid Prescribing Regulations	<ul style="list-style-type: none"> ▪ Limits prescriptions for Schedule II and Schedule III opiates for acute conditions to 7 days, with exceptions (e.g., 30-day supply for post-surgical, chronic conditions). ▪ Requires a prescriber to check the Controlled Substance Database when prescribing a Schedule II or Schedule III opioid to a patient for the first time, with exceptions (e.g., < 3-day supply, post-surgical, prescriber knows the patient's history).
	H.B. 193 Revisor's Technical Corrections to Utah Code	Modifies parts of the Utah Code to make technical corrections, including eliminating references to repealed provisions, making minor wording changes, updating cross-references, correcting numbering, and fixing errors that were created from the previous year's session.
	H.B.110 Controlled Substance Amendments	<ul style="list-style-type: none"> ▪ Adds several spice and bath salt analogs as "listed controlled substances" in the Utah Controlled Substances Act. ▪ Adds U-47700 ("pink") to Schedule I of the Utah Controlled Substances Act. ▪ Adds Acetyl fentanyl, Butyryl fentanyl, and Furanyl fentanyl to Schedule I of the Utah Controlled Substances Act.
	H.B. 146 Partial Filling of a Schedule II Controlled Substance Prescription	<ul style="list-style-type: none"> ▪ Authorizes the partial filling of a Schedule II controlled substance for a patient other than a patient in a long-term care facility or with a terminal illness, at the request of the prescriber or the patient.

	H.B. 175 Opioid Abuse Prevention and Treatment Amendments	<ul style="list-style-type: none"> ▪ Beginning with the licensing period that begins after July 1, 2024, requires controlled substances prescribers to receive 3.5 hours of training in SBIRT – Screening, Brief Intervention, and Referral to Treatment – as a condition of license renewal. ▪ Permits completion of the SBIRT training to fulfill the continuing education requirement for the licensing period in which it was completed. ▪ Requires Medicaid and the Public Employees Benefit and Insurance Program to reimburse prescribers for SBIRT services provided for patients 13 years of age and older.
2016	H.B. 114 Controlled Substance Reporting	<p>"This bill: amends the requirement for a general acute hospital to report to the Division of Occupational and Professional Licensing admissions for poisoning or overdose involving a prescribed controlled substance; requires courts to report to the division certain violations of the Utah Controlled Substances Act; amends the purposes of the division's controlled substance database; requires the division to enter into the database information it receives in reports by hospitals concerning persons admitted for poisoning involving a prescribed controlled substance; and requires the division to enter into the database information it receives in reports by courts concerning persons convicted for: driving under the influence of a prescribed controlled substance that renders the person incapable of safely operating a vehicle; driving while impaired, in whole or in part, by a prescribed controlled substance; or certain violations of the Utah Controlled Substances Act.</p> <p>Appropriation: \$19,900 one-time to the Department of Commerce, Division of Occupational and Professional Licensing."</p>
	H.B. 149 Death Reporting and Investigation	<p>"This bill: requires the medical examiner to provide a report to the Division of Occupational and Professional Licensing (DOPL) when the medical examiner determines that a death resulted from poisoning or overdose involving a prescribed controlled substance; requires that, when DOPL receives a report described in the preceding paragraph, DOPL shall notify each practitioner who may have written a prescription for the controlled substance involved in the poisoning or overdose; allows probation and parole officers to obtain information in the controlled substance database without a warrant; and allows the division to provide information to law enforcement officers engaged in specified types of investigations.</p> <p>Appropriation: \$24,900 one-time to the Department of Commerce, Division of Occupational and Professional Licensing; and \$1,500 ongoing to the Department of Health, Office of the Medical Examiner"</p>
	H.B. 150	<p>This bill: amends the Controlled Substance Database Act to allow a person for whom a controlled substance is prescribed to designate a third party who is to be notified when a</p>

	<p>Controlled Substance Prescription Notification</p>	<p>controlled substance prescription is dispensed to the person; allows the person to direct the division to discontinue providing the information; requires that the division advise the person that if the person discontinues the notification, the third party will be advised of the discontinuance; requires that the division comply with the direction and also notify the third party of the discontinuation; and authorizes the division to make administrative rules to facilitate implementation of this provision. Appropriation: \$39,000 one-time to the Department of Commerce, Division of Occupational and Professional Licensing.</p>
	<p>H.B. 239 Access to Opioid Prescription Information Via Practitioner Data Management Systems</p>	<p>"This bill: defines terms; requires the Division of Occupational and Professional Licensing within the Department of Commerce to make opioid prescription data information in its controlled substance database accessible to an opioid prescriber or pharmacist via the prescriber's or pharmacist's electronic data system; limits access to and use of the information by an electronic data system, a prescriber, or a pharmacist in accordance with rules established by the division; requires rulemaking by the division; requires the division to periodically audit use of the information; and amends Controlled Substance Database Act penalty provisions. Appropriation: \$18,500 ongoing and \$54,700 one-time to the Department of Commerce, Division of Occupational and Professional Licensing."</p>
	<p>H.B. 375 Prescription Drug Abuse Amendments</p>	<p>Defines terms; amends the Controlled Substance Database Act to promote utilization of the controlled substance database to prevent opioid abuse; requires a dispenser to contact the prescriber if the controlled "substance database suggests potential prescription drug abuse; and limits liability for prescribers and dispensers who contribute to and use the database. Appropriation: \$8,600 ongoing to the Department of Commerce, Division of Occupational and Professional Licensing"</p>
	<p>S.B. 58 Nurse Practitioner Amendments</p>	<p>Defines pain clinic for Title 58, Division of Occupational and Professional Licensing Act; allows an advanced practice registered nurse to prescribe a Schedule II controlled substance without a consultation and referral plan if the advanced practice registered nurse: meets certain experience requirements; consults the Controlled Substance Database; and when treating an injured worker, follows prescribing for chronic pain guidelines developed by the Workers' Compensation System; and prohibits an advanced practice registered nurse from establishing an independent pain clinic without a consultation and referral plan. Appropriation: \$2,000 one-time to the Department of Commerce, Division of Occupational and Professional Licensing."</p>

<p>2015</p>	<p>H.B. 395 Controlled Substance Database Amendments</p>	<p>Requires the Division of Occupational and Professional Licensing to implement options for: real-time submission of data into the controlled substance database; and 24-hour daily or next business day batch submission of data; requires a pharmacist to comply with the real-time or 24-hour submission requirements on and after January 1, 2016; provides that a physician employed as medical director for SUPPORT July 1, 2015 2015 General Session of the Utah Legislature USAAV Overview of Substance Abuse, Behavioral Health, and Related Legislation Passed As of April 24, 2015 5 Bill Number and Title Sponsors Summary USAAV Position ***** Effective Date a licensed workers' compensation insurer or an approved self-insured employer may have access to the database regarding requests for workers' compensation; authorizes additional rulemaking authority; and repeals provisions of a pilot program. Appropriation: \$46,000 to the Department of Commerce/Division of Occupational and Professional Licensing for FY 2016 (ongoing).</p>
	<p>S.B. 119 Prescription Database Revisions</p>	<p>Provides that a person may request that the division provide to the person his or her records that are in the controlled substance database; provides a procedure for a patient to correct erroneous information in the database; requires law enforcement to use a search warrant to gain database information related to a controlled substance investigation and requires specification of the person regarding whom the information is sought; authorizes a person whose information is in the database to obtain a list of persons who have had access to that person's information, except when the information is subject to an investigation; provides that a physician employed as medical director for a licensed workers' compensation insurer or an approved self-insured employer may have access to the database regarding requests for workers' compensation; and adds the standards of negligently or recklessly to the elements of the criminal offense of unlawfully releasing database information. Appropriation: \$17,200 to the Department of Commerce/Division of Occupational and Professional Licensing for FY 2016 (ongoing); and \$16,700 one-time to the Department of Commerce/Division of Occupational and Professional Licensing for FY 2016. \$22,400 to the Judicial Council/State Court Administrator/Administrative Office for FY 2016 (ongoing).</p>
<p>2014</p>	<p>S.B. 29 Controlled Substance Database Amendments</p>	<p>Recommended by the Health and Human Services Interim Committee Provides access to the Controlled Substance Database to authorized employees of a Medicaid managed care organization if the Medicaid managed care organization suspects the Medicaid recipient is improperly obtaining a controlled substance; and requires the Department of Health and the Department of Commerce to have a written agreement regarding the Medicaid managed care organization authorized</p>

		employee access to the Controlled Substance Database. The bill requires managed care organization employees who will have access to information from the database to submit to a criminal background check, and limits the authorized employee of the managed care organization to requesting either the Division of Occupational and Professional Licensing or the Department of Health conduct a search of the database regarding a specific Medicaid enrollee and report the results of the search to the authorized employee. Appropriation: \$8,800 to the Department of Commerce/Division of Occupational and Professional Licensing.
	S.B. 178 Controlled Substance Database Modifications	Allows the pharmacist-in-charge to designate up to three licensed pharmacy technicians to have access to the database on behalf of the pharmacist in accordance with statutory requirements.
	S.B. 205 Controlled Substance Penalty Amendment	This bill: provides that increased penalties for the possession of a controlled substance in certain circumstances may not result in an offense greater than a second-degree felony.
	H.B.11 Overdose Reporting Amendments	"Provides that a person who reports a person's overdose from a controlled substance or other substance may claim an affirmative defense to specified charges of violating the Utah Controlled Substances Act if the person remains with the person who is subject to the overdose and cooperates with responding medical providers and law enforcement officers; and provides that remaining with a person subject to an overdose and cooperating with medical providers and law enforcement is a mitigating factor when determining the penalty for a related violation of the Utah Controlled Substances Act."
	H.B. 30 Controlled Substances Amendments	This bill: adds new "spice" and emerging drug analogs to the listed controlled substances, including opioids.
2013	S.B. 214 Continuing Education for Prescription Drugs	This bill defines terms; requires certain controlled substance prescribers to complete at least four hours of continuing education as a requisite for license renewal; requires that at least 3.5 hours of the required continuing education hours be completed in controlled substance prescribing classes, (except dentists, who shall complete 2 such hours); establishes criteria for controlled substance prescribing classes recognized by the Division of Occupational and Professional Licensing (DOPL); directs DOPL to consult with other applicable departments and

		associations when determining whether classes for controlled substance prescribers with a specific license type meet established criteria; and grants rulemaking authority to DOPL.
	S.B. 270 Controlled Substance Amendments	"Adds all forms of tramadol to the list of Schedule V controlled substances; and adds new "spice" and "bath salts" analogs to the list of unscheduled controlled substances."
	H.B. 52 Controlled Substances Revisions	Adds new "spice" and "bath salts" analogs to the list of unscheduled controlled substances; and makes a technical spelling correction of a substance listed in the scheduled controlled substances. Fiscal Note: Enactment of this bill likely will not materially impact the state budget, nor will it likely result in direct, measurable expenditures by Utah residents or businesses. Enactment of this bill might increase local prosecution and conviction costs.
	H.B. 270 Prescription Drug Database Access Amendments	Allows the director of the Utah Department of Health to allow access to the controlled substance database to designated individuals conducting scientific studies regarding the use or abuse of controlled substances, if: the designee adheres to rules set by the Department of Health and federal regulations covering the use of protected health information; and the identities of prescribers, patients, and pharmacies in the database are de-identified in accordance with HIPAA rules, kept confidential, and not disclosed to the designee or individuals not associated with the scientific studies.
2012	S.B. 127 Controlled Substances Prescriber Training	This bill amends the effective date for controlled substances prescriber education requirements; and provides that completing the controlled substance database online tutorial and passing the online test counts as ½ hour of continuing professional education in controlled substances prescribing.
	S.B. 205 Records Access Discovery Amendments	This bill permits a state or local prosecutor to provide information from the controlled substance database to a criminal defense attorney, upon request during discovery, for use in a criminal defense case; and permits a criminal justice agency to provide information from a criminal background check to a defense attorney, upon request during discovery, for use in a criminal defense case.
	H.B. 109 Use of Controlled Substances in Research	This bill specifies that the Division of Occupational and Professional Licensing may grant licenses, under specified terms, to conduct research concerning Schedule I controlled substances.
	H.B. 254 Controlled Substances Amendments	This bill amends the definition of a controlled substance analog to allow proof that the substance is chemically substantially similar to a controlled substance, without requiring proof of the effect of the substance by the expert testimony of a pharmacologist; adds benzylpiperazine (similar to amphetamine in its effects, acts as a stimulant in humans

		and produces euphoria, youth/young adults are main abusers, high abuse potential and lack of accepted medical use or safety) to Schedule I of the controlled substances list; and adds AM-2201, RCS-4, JWH-210, and JWH-203 (substances found in “spice” and “bath salts”) to the list of listed controlled substances.
	H.B. 257 Controlled Substance Database Amendments	This bill prohibits unauthorized use of the controlled substance database as a means of obtaining information from other states or a federal drug monitoring program; provides for the designation by a practitioner of persons who are employed by the same business as the practitioner to gain access to the database at the request of the practitioner; and provides a procedure for an emergency room employee to look up information in the database for a practitioner who is treating an emergency room patient.
	H.B. 306 Disposal of Unused Prescription Drugs	This bill enacts a requirement that the Division of Occupational and Professional Licensing allow a pharmacy to take back unused prescription drugs if the federal rules permit a pharmacy take back program; and requires the Division to enact administrative rules regarding unused drug take back programs once federal rules related to drug take back programs are published.
	H.B. 434 Pharmacy Practice Act Modification	This bill amends the definition of a pharmacy preceptor; and amends provisions related to a prescribing practitioner providing sample drugs to a patient. The bill prohibits a practitioner from giving out drug samples to supply the immediate needs of a patient that are Schedule II drugs, opioids, or Benzodiazepines; and prohibits giving out drug samples of controlled substances or non-controlled substances to patients in excess of a 30-day supply, unless the prescribing practitioner documents that providing more than a 30-day supply is medically necessary.
2011	S.B 61 Education for Prescribing Controlled Substances	This bill requires a medical practitioner applying for a new or renewed controlled substance license to take four hours of controlled substance prescribing classes each licensing period; requires the Division of Occupational and Professional Licensing, in consultation with the Utah Medical Association and the applicable practitioner licensing boards, to establish educational content of controlled substance prescribing classes to help establish safe and effective practices for prescribing controlled substances, which may include opioid narcotics, hypnotic depressants, and psychostimulants; and provides that any controlled substance prescribing class required under this bill does not increase the total continuing professional education requirements for prescriber licensing.
	S.B. 248 Controlled Substance Database Amendments	This bill authorizes certain licensed physicians to access the controlled substance database for the purpose of reviewing a patient’s request for workers’ compensation benefits.

	H.B. 15 Controlled Substance Database – Licensing Amendments	This bill provides that an individual who is not a veterinarian, who obtains a new license to prescribe a controlled substance, shall, within 30 days after the day on which the individual obtains a license to prescribe a controlled substance from the Drug Enforcement Administration, register with the division (DOPL) to use the Controlled Substance Database; and reinstates authority of the Division of Occupational and Professional Licensing to take administrative action, under the Pharmacy Practice Act, for a violation of the Controlled Substance Database Act.
	H.B. 23 Controlled Substance Modification	This bill expands the definition of a controlled substance to include a list of synthetic equivalent cannabinoid substances and their analogs and homologs found in products commonly referred to as “spice”; expands the definition of a controlled substance to include substances and their analogs and homologs found in products referred to as “bath salts”; clarifies that the tetrahydrocannabinols in Schedule I of the Utah Controlled Substances Act include those both naturally and synthetically derived; provides that it is an affirmative defense that the person produced, possessed or administered any of these listed substances if the person: was engaged in medical research, and was a holder of a license to possess controlled substances for research; authorizes the Controlled Substances Advisory Committee to recommend placement of a substance on a controlled substance list if it finds that the substance has
	H.B. 358 Access to Controlled Substance Database Revisions	This bill provides controlled substance database access to employees of the Office of Internal Audit and Program Integrity within the Department of Health who are engaged in their specified duty of ensuring Medicaid program integrity.
2010	H.B. 13 Drug Law Definitions – Amendments	This bill amends the Utah Controlled Substances Act, the Utah Medical Practice Act, the Pharmacy Practice Act, the Utah Osteopathic Medical Practice Act, and the Naturopathic Physician Practice Act to provide consistency in the use of definitions, including those for “prescribe,” “prescription device,” and “drug.”
	H.B. 28 Controlled Substance Database Amendments	This bill recodifies provisions relating to the Controlled Substance Database into a new chapter known as the Controlled Substance Database Act; modifies provisions relating to accessing database information for certain legal proceedings; requires an individual, other than a veterinarian, who is licensed to prescribe a controlled substance, who is applying for a license, or who is renewing a license to: register to use the database, and take a tutorial and pass a test relating to the database and the prescribing of controlled

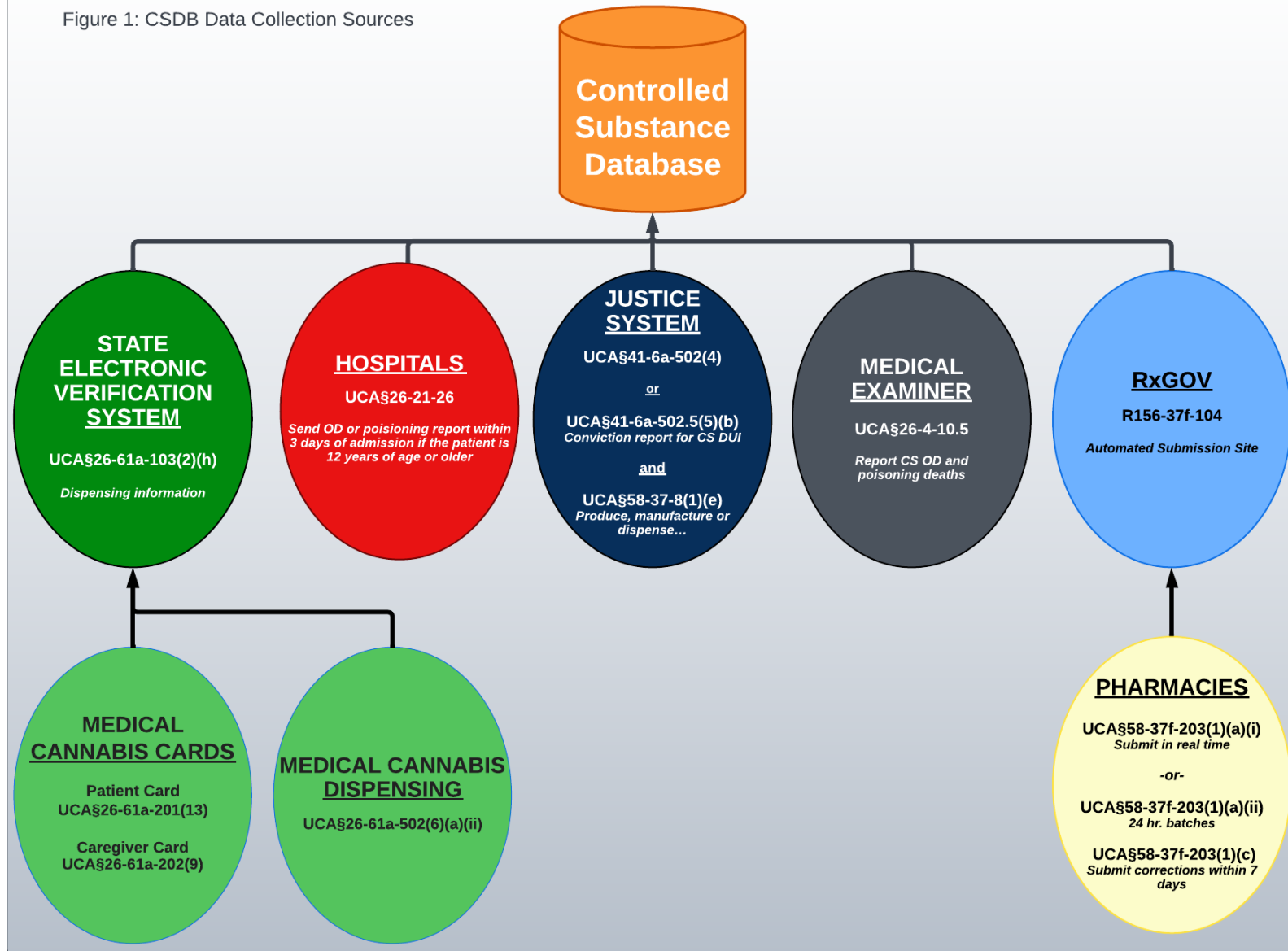
		substances; requires the division to impose an annual database registration fee on an individual who registers to use the database, to pay the startup and ongoing costs of the division for complying with the requirements of the preceding paragraph; describes the penalties that may be imposed by the Division of Occupational and Professional Licensing (DOPL) on an individual who fails to comply with the requirements described in the preceding paragraph; requires DOPL to develop an online tutorial and test relating to the use of the database and the prescribing of a controlled substance; requires DOPL to impose a fee on an individual who takes the test described in this bill to pay the costs incurred by DOPL to fulfill the requirements described in this bill; and grants rulemaking authority to DOPL.
	H.B. 35 Controlled Substance Database – Reporting of Prescribed Controlled Substance Overdose or Poisoning	This bill requires that, when a person who is 12 years of age or older is admitted to a general acute hospital for poisoning by, or overdose of, a prescribed controlled substance, the general acute hospital must report the poisoning or overdose, and other information, to the Division of Occupational and Professional Licensing (DOPL); requires that, when DOPL receives a report described in the preceding paragraph, DOPL must notify each practitioner who may have written a prescription for the controlled substance of the poisoning or overdose and certain information relating to the poisoning or overdose; and requires the division to increase the licensing fee for manufacturing, producing, distributing, dispensing, administering, or conducting research, to pay the startup and ongoing costs of the division for complying with the requirements of the preceding paragraph.
	H.B. 36 Controlled Substance Database – Reporting Convictions for Driving Under the Influence or Impaired Driving	This bill requires a court to report certain information to the Division of Occupational and Professional Licensing (DOPL) when a person is convicted of driving under the influence or of impaired driving, if there is evidence that the person's driving was under the influence of, or impaired by, a prescribed controlled substance; requires that, when DOPL receives a report described in the preceding paragraph, DOPL must notify each practitioner who may have written a prescription for the controlled substance of the conviction and certain information relating to the conviction; and requires DOPL to increase the licensing fee for manufacturing, producing, distributing, dispensing, administering, or conducting research to pay the startup and ongoing costs of DOPL for complying with the requirements of the preceding paragraph.
	H.B. 38 Scheduling of Controlled Substances	This bill creates the Controlled Substances Advisory Committee; establishes the membership of the committee; creates the role of the committee as an advisory body regarding placing substances in the statutory schedule of controlled substances, changing the schedule of a substance, or removing a substance from the schedules; and provides guidelines for determining if a substance should be scheduled and in which schedule to place a substance

	H.B. 186 Controlled Substance Database Revisions	This bill permits employees of the Department of Health to have access to information in the controlled substance database in relation to a person whom the Department of Health suspects may be improperly obtaining or providing a controlled substance.
2009	H.B. 106 Controlled Substance Database Amendments	This bill: defines terms; expands the purposes for which a practitioner or pharmacist may access information on the controlled substance database; grants access to the controlled substance database to a mental health therapist under certain circumstances; permits a practitioner to designate up to three employees, subject to approval by the Division of Occupational and Professional Licensing, who can access the controlled substance database on the practitioner's behalf; provides that a practitioner, or an employee of the practitioner, who obtains information from the controlled substance database may include the information in the patient's medical chart or file and may provide the information to others in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996; grants rulemaking authority to the Division of Occupational and Professional Licensing; permits the Division of Occupational and Professional Licensing to impose a fee on practitioners who designate an employee to access the controlled substance database, in order to recover the cost of determining whether the employee is a security risk; provides that a person who is a licensed practitioner or a mental health therapist shall be denied access to the database when the person is no longer licensed; and provides that a person who is a relative of a deceased individual is not entitled to access information from the database relating to the deceased individual based on the fact or claim that the person is related to, or subrogated to the rights of, the deceased individual.
	H.B. 128 Electronic Prescribing Act	This bill: defines terms; requires a practitioner to provide each existing patient of the practitioner with the option to participate in electronic prescribing, if the practitioner prescribes a drug or device for the patient on or after July 1, 2012; provides that a practitioner may not issue a prescription through electronic prescribing for a drug or device that the practitioner is prohibited by federal law or federal rule from issuing through electronic prescribing; requires a pharmacy to accept and comply with an electronic prescription that is transmitted in accordance with the requirements of this section and rules made by the Division of Occupational and Professional Licensing; and grants rulemaking authority to the Division of Occupational and Professional Licensing to: enforce the provisions of this bill; ensure that electronic prescribing is done in a secure manner, consistent with industry standards; ensure that each patient is fully informed of the patient's rights, restrictions, and obligations pertaining to electronic

		prescribing; and grant a hardship exemption to a pharmacy or practitioner, to the extent that the requirements of this bill would impose an extreme financial hardship on the pharmacy or the practitioner
2008	H. B. 119 Controlled Substance Database Amendment	This bill: defines terms; provides for education of the public regarding the controlled substance database; makes it a third degree felony to obtain or attempt to obtain information from the controlled substance database for a purpose other than a purpose authorized by statute or rule; prohibits access to, and use of, identifying information in the controlled substance database by discovery, subpoena, or similar process in certain civil, judicial, administrative, or legislative proceedings; establishes a pilot program, beginning on July 1, 2008, and ending on July 1, 2010, for real-time reporting of, and access to, controlled substance database information by pharmacies, pharmaceutical facilities, and prescribing practitioners; grants rulemaking authority to the Division of Occupational and Professional Licensing in relation to the pilot program; requires the Division of Occupational and Professional Licensing to report on the pilot program and the advisability and cost of implementing the pilot program on a statewide basis and the use of the controlled substance database by prescribing practitioners; and requires the Division of Occupational and Professional Licensing to implement the pilot program established in this bill on a statewide basis on or before July 1, 2010. This bill appropriates \$175,000 as an ongoing appropriation from the General Fund, for fiscal year 2008-09, to the Division of Occupational and Professional Licensing; and \$650,000 from the General Fund, for fiscal year 2008- 09 only, to the Division of Occupational and Professional Licensing, as non-lapsing funds.
2007	H.B. 137 Pain Medication Management and Education	This bill requires the Utah Department of Health to coordinate with the Utah attorney general, the Labor Commission, and the Division of Occupational and Professional Licensure to: investigate causes and risk factors and solutions for deaths and nonfatal complications of prescription opiate use and misuse in Utah by using the Utah Controlled Substance Database; study risks associated with prescription opiate medications used for chronic pain; and educate health care providers, patients, insurers, and the general public on the appropriate management of pain; requires the department to report to the legislative Health and Human Services Interim Committee and the legislative Business and Labor Interim Committee no later than the November meetings in 2007 and 2008 and present its recommendations on: the use of the Utah Controlled Substances Database to identify and prevent misuse of opiates, inappropriate prescribing, and adverse outcomes of prescription opiate medications; interventions to prevent the diversion of prescription opiate medications; and medical treatment and quality care guidelines. The bill appropriates \$150,000 to the

		Department of Health for FY 2007-08 and \$150,000 for FY 2008-09.
2005	S.B. 50 Controlled Substance Amendments	This bill amends the Pharmacy Practice Act and the Controlled Substances Act to repeal the Controlled Substance Database Advisory Committee and assign the committee's duties to the State Board of Pharmacy. This bill allows authorized employees of the Department of Health access to the controlled substance database for scientific studies. This bill also allows the division to authorize by rule a prescriber's use of an electronic or digital signature in issuing prescriptions. This bill requires that Department of Health employees having access to the controlled substance database maintain the confidentiality of persons and pharmacies in the database.
	H.B. 311 Controlled substance Law Amendments	This bill provides a definition of the term "consumption" as it relates to possession of a controlled substance. This bill defines consumption of a controlled substance as having any measurable amount of a controlled substance in a person's body and clarifies that controlled substance does not include the metabolite of a controlled substance; and provides that a person who is found to be driving with any measurable controlled substance in the body is subject to conviction and sentencing under the relevant DUI law and controlled substance law.
2003	S.B. 53 Amendments to the Controlled Substances	"This act modifies the Controlled Substance Act by prohibiting the refill of a Schedule II controlled substance, adds dichloralphenazone under Schedule IV, reschedules buprenorphine to Schedule III, and provides that gamma hydroxyl butyrate (GHB) that is used in an FDA-approved formulation is in Schedule III. This act also provides that specified penalties under the Controlled Substance Act are to be deposited as dedicated credits to be used for the operating costs of the Controlled Substance Database."
2002	H.B. 128 Controlled Substances Act Amendments	Specifies that up to three prescriptions for the same Schedule II controlled substance medication may be issued at the same time. Also outlines procedures for more than one prescription.
2000	H.B. 139 Utah Controlled Substances Act Amendments	Amends the schedules in the Utah Controlled Substances Act to reflect federal changes. Assigns the schedules of many specific opioids.

Figure 1: CSDB Data Collection Sources



CSD Team Actions



Justice

- **Enter the JS report daily**
UCA§58-37f-703(1)(a)
- **Add to CSD practitioner(s) info who gave Rx** UCA§58-37f-703(1)(b)
- **Provide each practitioner court report**
UCA§58-37f-703(1)(c)(i)
- **Obtain information in CSD linking practitioner to Rx of convicted person**
UCA§58-37f-703(1)(c)(ii)



Patients

- **Grant or deny patient record request within 30 days and notify patient of decision within 35 days of receiving the request.**
UCA§58-37f-203(5)(b)



Hospitals

(Within 3 days of receiving a hospital report)

- **Identify practitioner(s) and provide a copy of the hospital report to the practitioner(s).** UCA§58-37f-702(1)(b)



Pharmacies

- **Provide pharmacies the ability to submit CS data in real time or in daily batches within one business day**
UCA§58-37f-203(1)(a)
- **Receive prescription errors or missing prescription data within 7 business days.**
UCA§58-37f-203(1)(c)



Third Parties

- **Notify a patient-designated third party the date of and the fact that a CS was prescribed each time a CS is prescribed to the patient.**
UCA§58-37f-301(5)



Medical Examiner

(Within 5 days of ME report)

- **Provide practitioner a copy of ME report**
UCA§58-37f-702(2)(a)(i)
- **MAY offer an educational visit**
UCA§58-37f-702(2)(a)(ii)



Practitioners

- **Identify practitioners who:**
 - **Fail to register within 30 days of CSL**
UCA§58-37f-401(2)(a)
 - **Fail to register at time of license renewal every 2 years (Penalty: CSL revoked).** UCA§58-37f-401(2)(b)
 - **Fail to check initial Rx**
UCA§58-37f-304(2)(a)
 - **Fail to periodically check repeated RX**
UCA§58-37f-304(2)(b)(i)
- **Generate report for:**
 - **Highest dispensing**
 - **Opioid ratio (MME)**
 - **Highest searches**
 - **No dispensing and searches**
 - **6 or more practitioners in 1 month.**
 - **Prescribe but does not search**
UCA§58-37f-304(5)(a)(i)&(ii)&(iii)

NOTE: Data Identifiers are:

- Pharmacy RX data
- practitioner NPI, SLN, or DEA#

Figure 2: CSD Team Actions

Icons from icons8.com

CSD Practitioner Outlier Report Process (ORR)

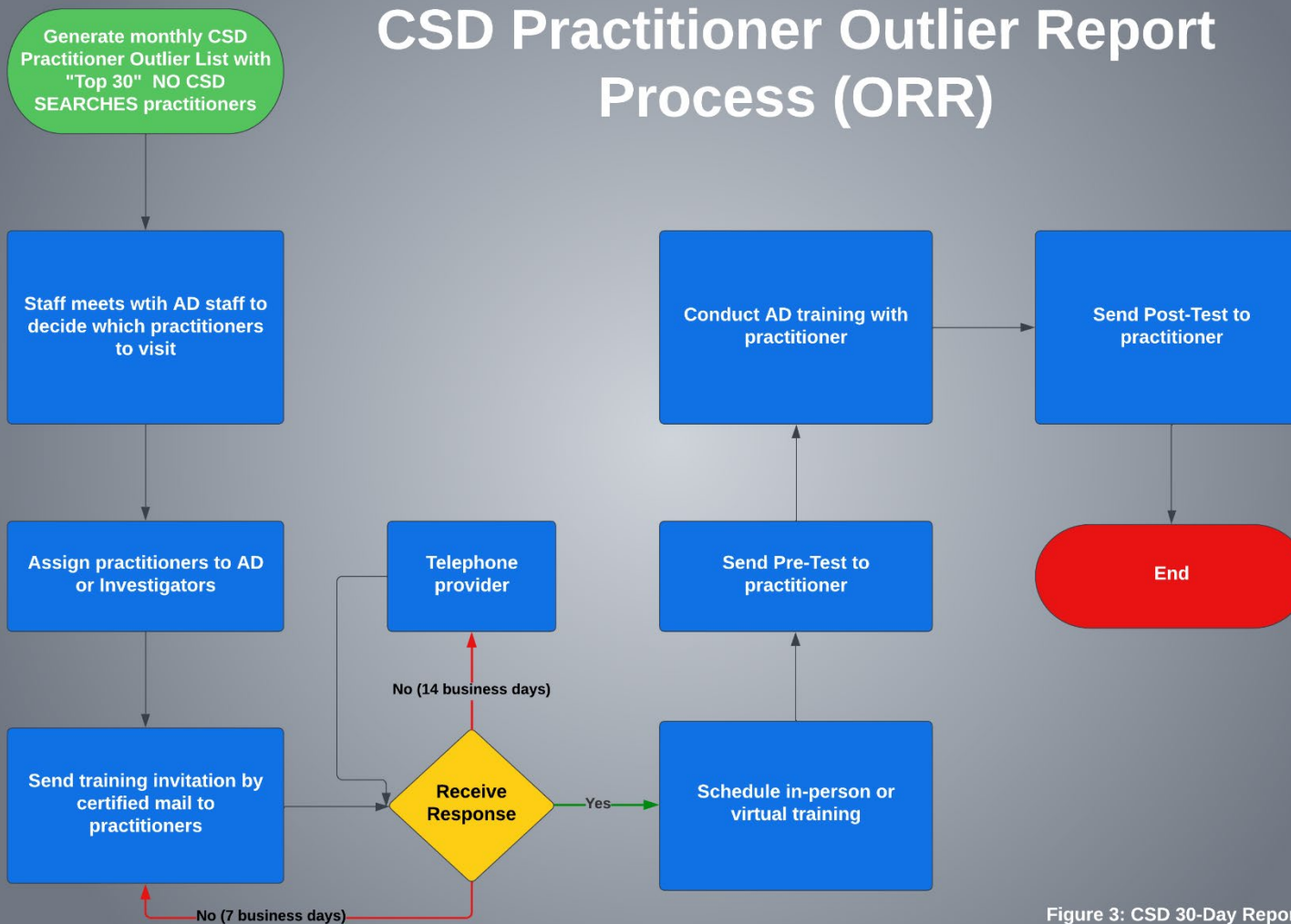


Figure 3: CSD 30-Day Report

Office of the Medical Examiner Report Process

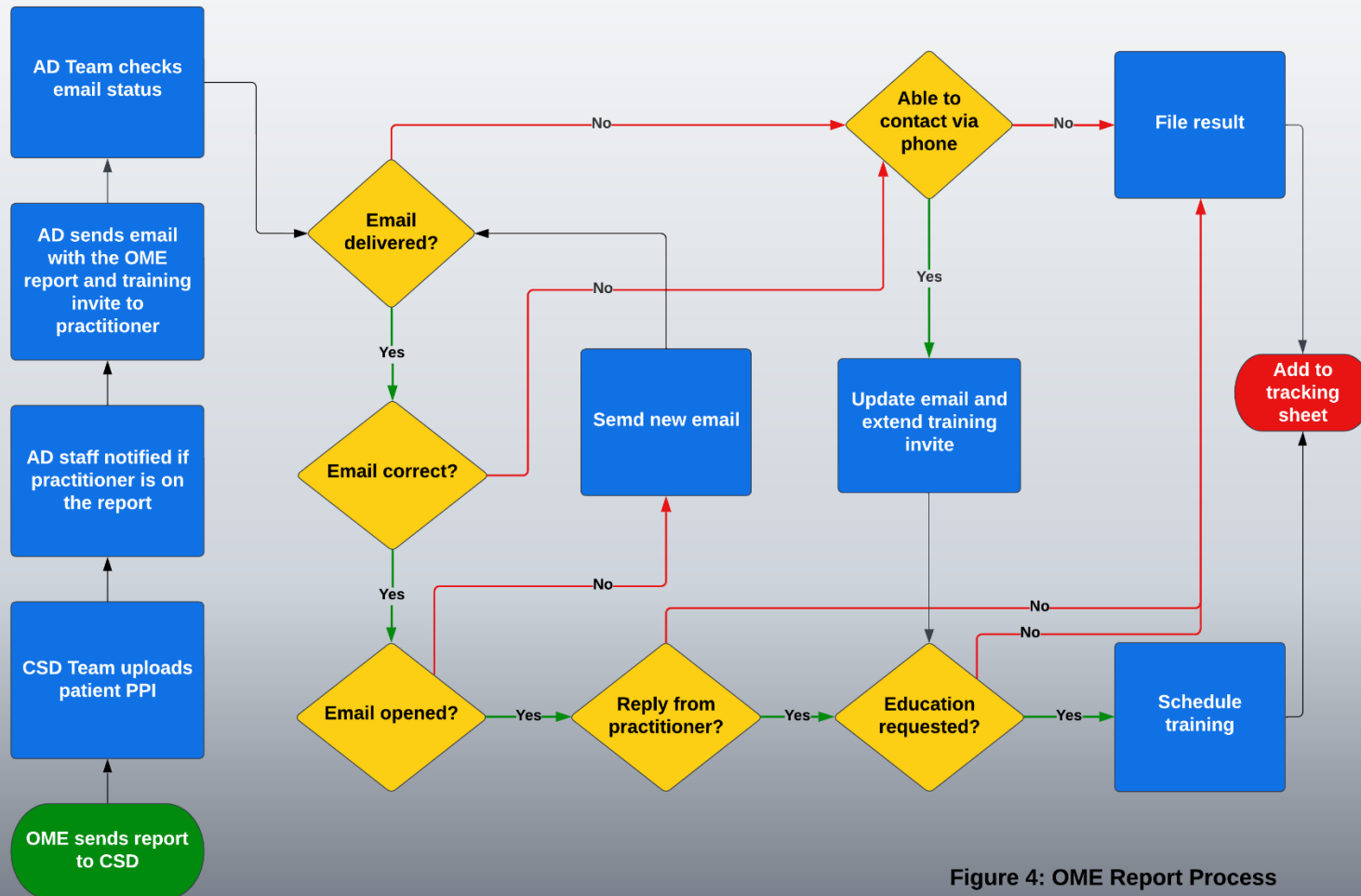


Figure 4: OME Report Process

Drug-Related Conviction Report Process

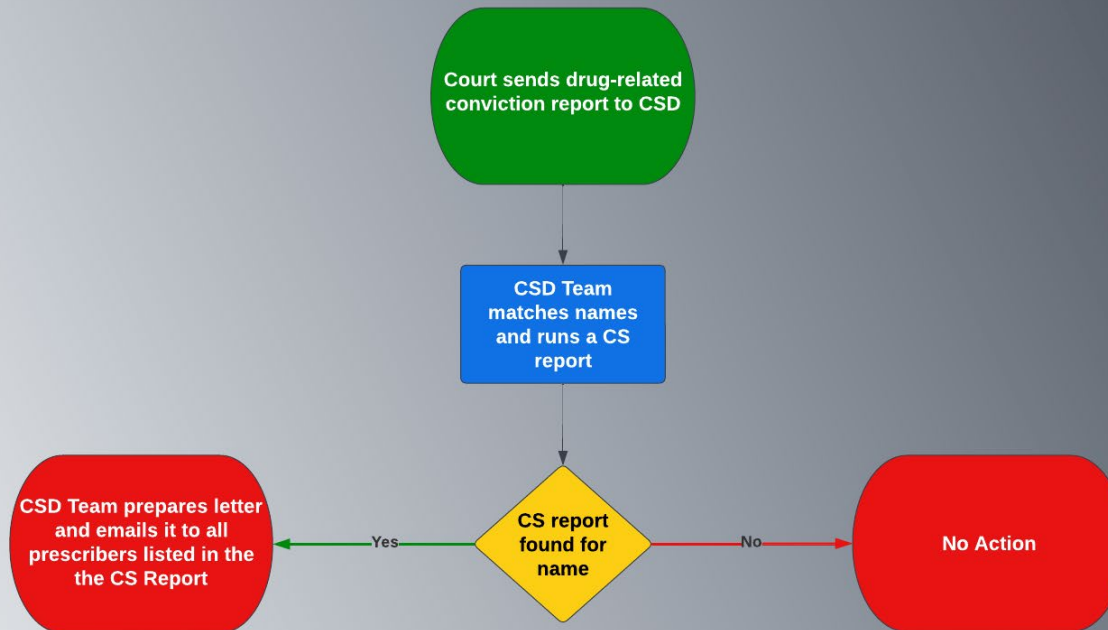


Figure 5: Drug-Related Conviction Report Process

Failure of Pharmacist to Submit Info and Correct Errors

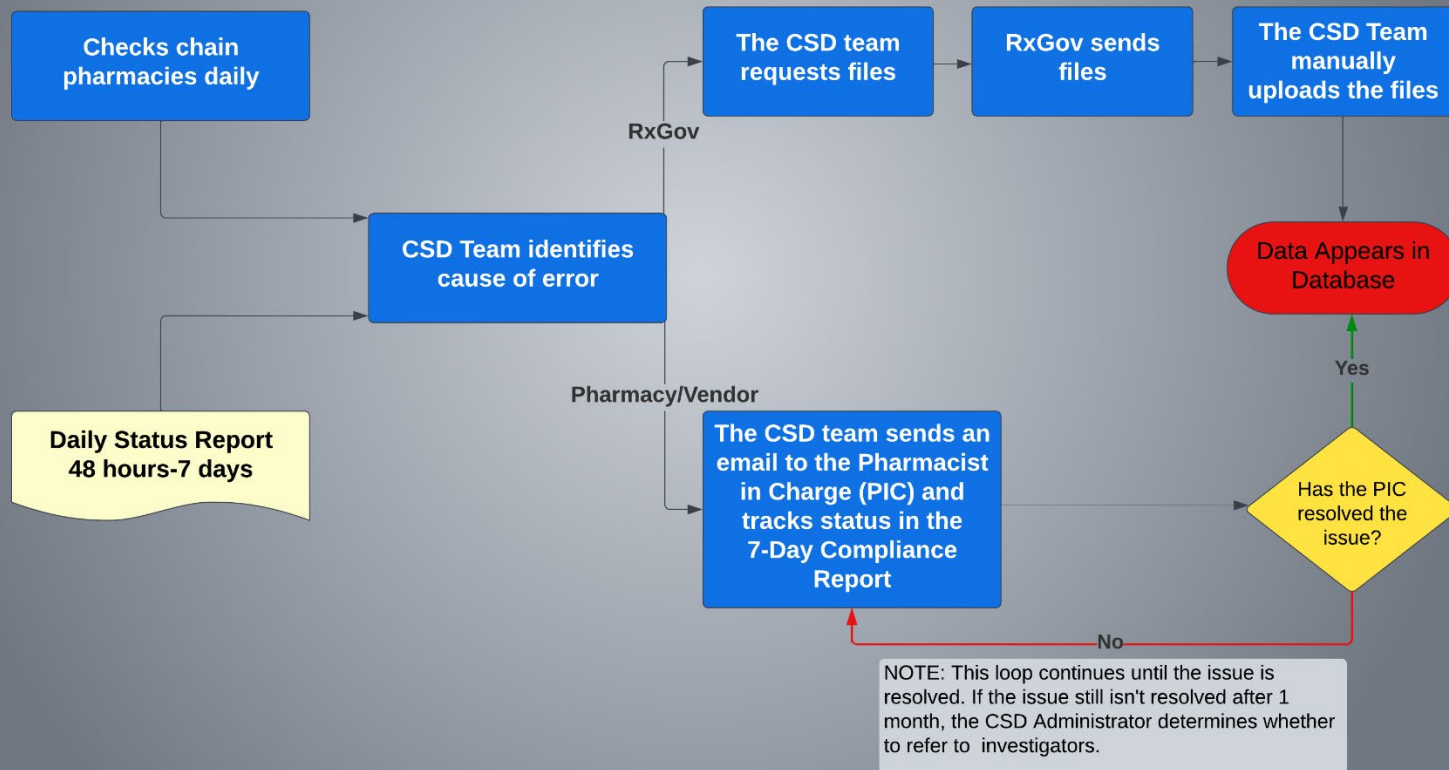


Figure 6: Failure of Pharmacist to Submit Info and Correct Errors

CSD Request for Information Process



***NOTE:**
-Reports only to the individual
-Only CSD is authorized to give a patient report

Figure 7: CSD Request for Information Process

CSD Correction of Incorrect Patient Information

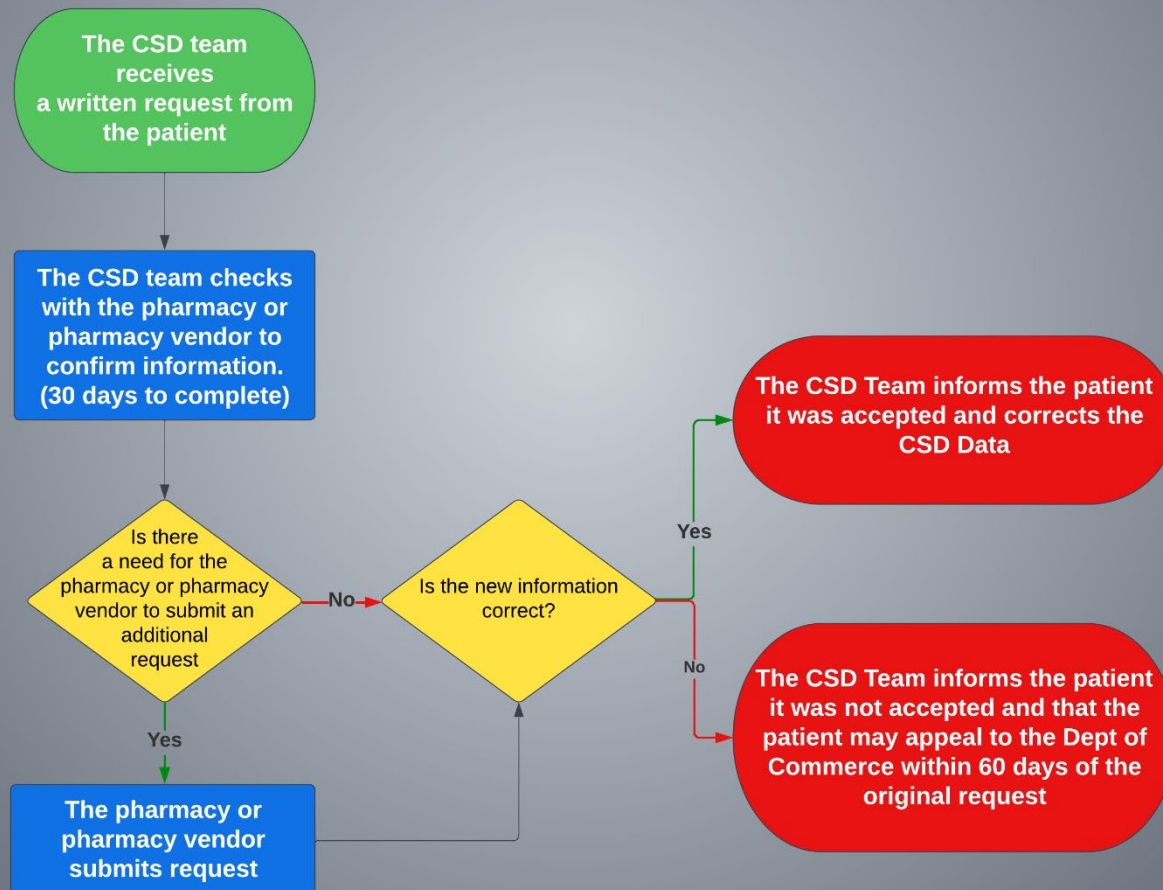


Figure 8: CSD Correction of Incorrect Patient Information

CSD 3rd Party Notification Process

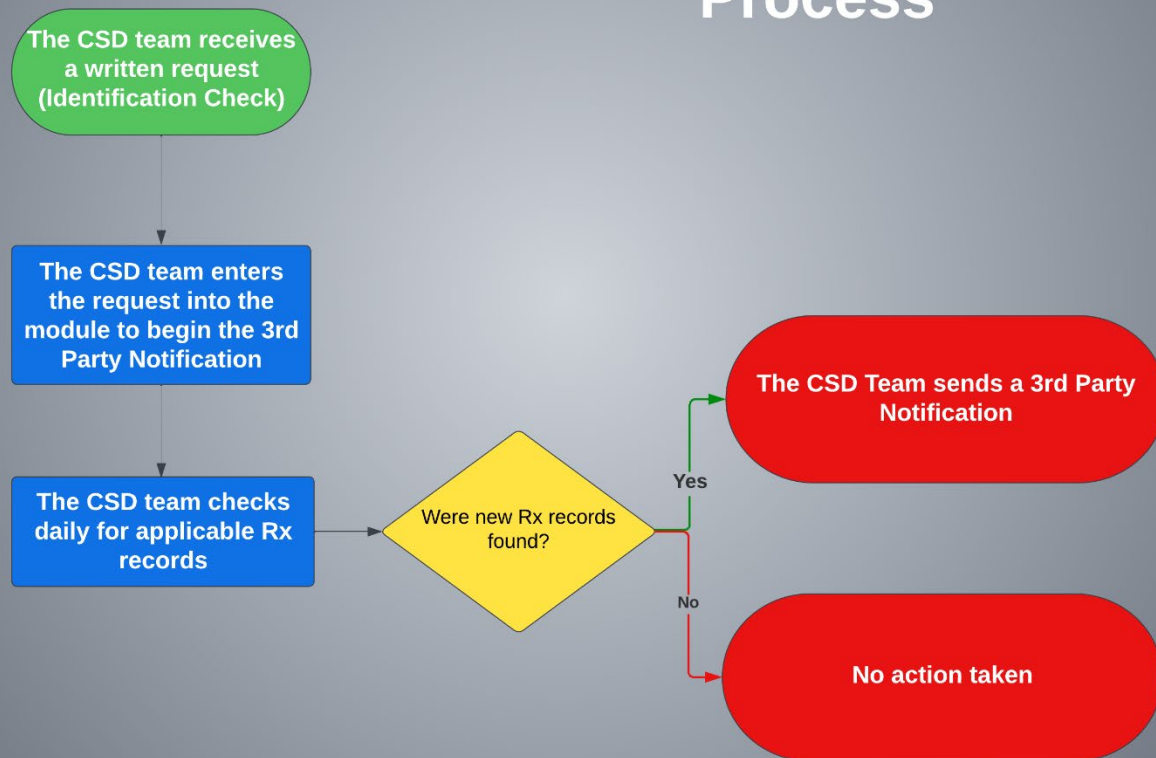


Figure 9: CSD 3rd Party Notification Process

AUTHORIZED CSD USERS

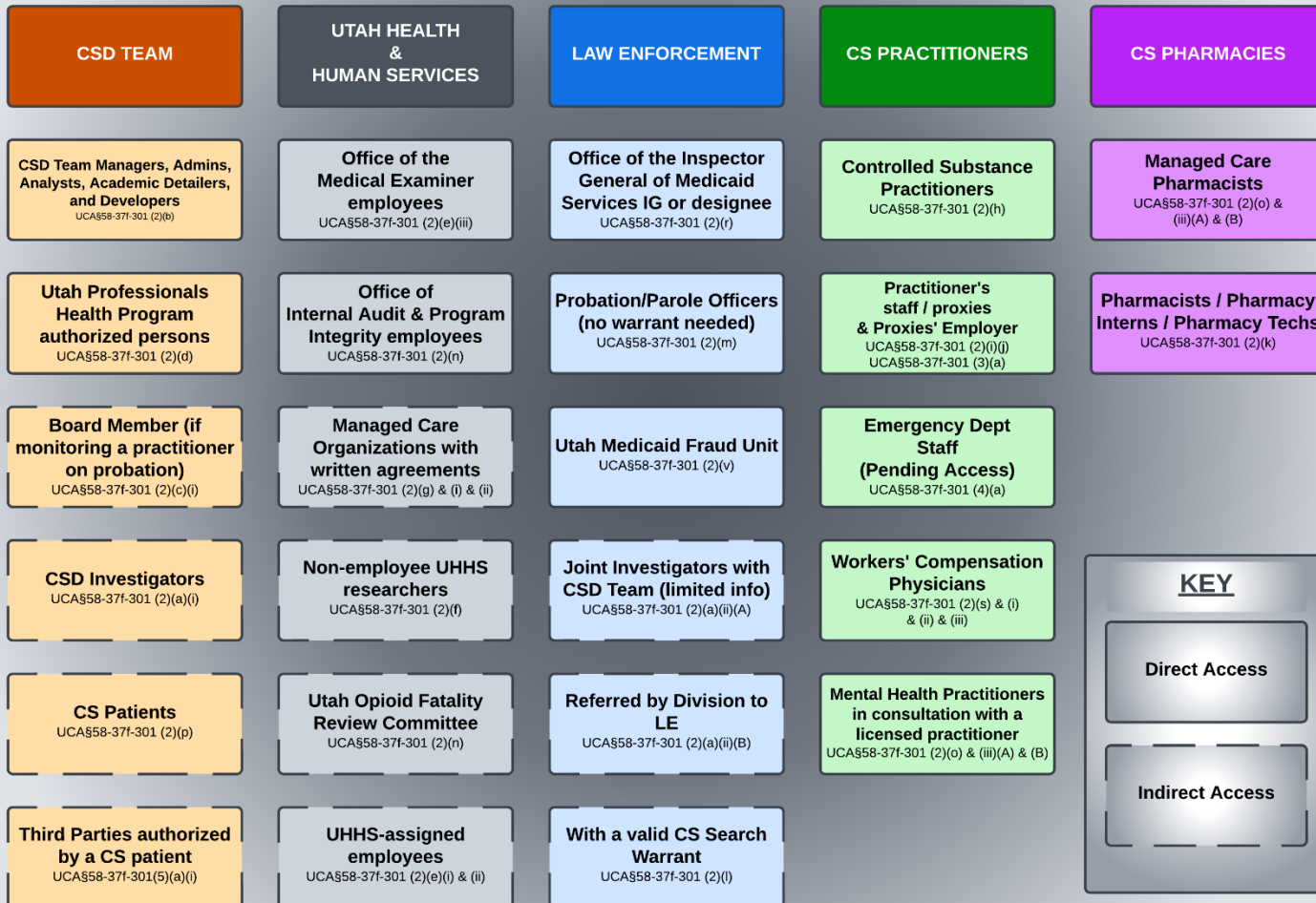


Figure 10: CSD Users