Jen Plumb proposes the following substitute bill:

Opioid Terminology Amendments

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Jen Plumb

House Sponsor:

LONG TITLE

General Description:

This bill addresses terminology related to opioids.

Highlighted Provisions:

This bill:

- makes the following changes throughout the code and makes related, conforming changes:
  - changes the defined term "opiate" to "opioid-like substance";
  - changes the defined term "opiate antagonist" to "opioid antagonist"; and
  - changes the defined term "opiate-related drug overdose event" to "opioid-related drug overdose event";
- changes the term "opiate" to "substance" in the description of certain controlled substances;
- includes coordination clauses to coordinate changes in this bill and H.B. 301, Drug Recodification, S.B. 87 Naloxone Amendments, and S.B. 98 Substance Use Rehabilitation Amendments;
- defines terms; and
- makes technical and conforming changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

This bill provides coordination clauses.

Utah Code Sections Affected:

AMENDS:

17-72-101 (Effective 05/06/26), as renumbered and amended by Laws of Utah 2025, First Special Session, Chapter 13

17-72-408 (Effective 05/06/26), as renumbered and amended by Laws of Utah 2025,

First Special Session, Chapter 13

26B-4-501 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapters 173, 340 and 470

26B-4-508 (Effective 05/06/26), as renumbered and amended by Laws of Utah 2023, Chapter 307

26B-4-509 (Effective 05/06/26), as renumbered and amended by Laws of Utah 2023, Chapter 307

26B-4-510 (Effective 05/06/26), as renumbered and amended by Laws of Utah 2023, Chapter 307

26B-4-511 (Effective 05/06/26), as renumbered and amended by Laws of Utah 2023, Chapter 307

26B-4-512 (Effective 05/06/26), as last amended by Laws of Utah 2025, First Special Session, Chapter 9

26B-4-513 (Effective 05/06/26), as last amended by Laws of Utah 2024, Chapter 507

26B-4-514 (Effective 05/06/26), as renumbered and amended by Laws of Utah 2023, Chapter 307

26B-7-110 (Effective 05/06/26), as renumbered and amended by Laws of Utah 2023, Chapter 308

26B-7-117 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapter 243

53G-9-502 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapter 122

58-17b-309 (Effective 05/06/26), as last amended by Laws of Utah 2023, Chapter 328

58-17b-507 (Effective 05/06/26), as last amended by Laws of Utah 2023, Chapter 328

58-31b-703 (Effective 05/06/26), as last amended by Laws of Utah 2023, Chapter 329

58-37-2 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapter 396

58-37-4 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapter 216

58-37-6 (Effective 05/06/26) (Partially Repealed 07/01/32), as last amended by Laws of Utah 2022, Chapter 415

58-37-7 (Effective 05/06/26), as last amended by Laws of Utah 2024, Chapter 381

58-37-8.2 (Effective 05/06/26), as renumbered and amended by Laws of Utah 2025, Chapters 173, 173

58-37-19 (Effective 05/06/26), as last amended by Laws of Utah 2024, Chapter 381

58-67-702 (Effective 05/06/26), as last amended by Laws of Utah 2023, Chapter 329

58-68-702 (Effective 05/06/26), as last amended by Laws of Utah 2023, Chapter 329

58-69-702 (Effective 05/06/26), as last amended by Laws of Utah 2023, Chapter 329

58-70a-505 (Effective 05/06/26), as last amended by Laws of Utah 2023, Chapter 329
63I-1-258 (Effective 05/06/26), as last amended by Laws of Utah 2025, Chapter 236
63J-1-602.2 (Effective 05/06/26) (Partially Repealed 07/01/29), as last amended by Laws of Utah 2025, First Special Session, Chapter 17
64-13-45 (Effective 05/06/26), as last amended by Laws of Utah 2024, Chapters 245, 341

Utah Code Sections affected by Coordination Clause:

26B-4-509 (05/06/26), as renumbered and amended by Laws of Utah 2023, Chapter 307
26B-4-510 (05/06/26), as renumbered and amended by Laws of Utah 2023, Chapter 307
26B-4-511 (05/06/26), as renumbered and amended by Laws of Utah 2023, Chapter 307
26B-7-126 (05/06/26), as enacted by S.B. 98 (2026)
58-17b-507 (05/06/26), as last amended by Laws of Utah 2023, Chapter 328
58-31b-703 (05/06/26), as last amended by Laws of Utah 2023, Chapter 329
58-37-304 (05/06/26), as enacted by H.B. 301 (2026)
58-37-305 (05/06/26), as enacted by H.B. 301 (2026)
58-67-702 (05/06/26), as last amended by Laws of Utah 2023, Chapter 329
58-68-702 (05/06/26), as last amended by Laws of Utah 2023, Chapter 329
58-69-702 (05/06/26), as last amended by Laws of Utah 2023, Chapter 329
58-70a-505 (05/06/26), as last amended by Laws of Utah 2023, Chapter 329

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

Section 1. Section **17-72-101** is amended to read:

17-72-101 (Effective 05/06/26). Definitions.

As used in this chapter:

(1) "Commissary account" means an account from which a prisoner may withdraw money, deposited by the prisoner or another individual, to purchase discretionary items for sale by a correctional facility.

(2) "Commissary purchase" means a transaction initiated by a prisoner by which the prisoner obtains an item or items offered for sale by the correctional facility in exchange for money withdrawn from the prisoner's commissary account.

(3) "Commission" means the State Commission on Criminal and Juvenile Justice created in Section 63M-7-201.

(4) "Correctional facility" means the same as that term is defined in Section 77-16b-102.

(5) "County inmate" means an inmate who is sentenced to a county jail.

(6) "Cross-sex hormone treatment" means the same as that term is defined in Section

26B-4-1001.[~~281-12(6)~~]

(7)(a) "In-custody death" means a prisoner death that occurs while the prisoner is in the custody of a county jail.

(b) "In-custody death" includes a prisoner death that occurs while the prisoner is:

(i) being transported for health care; or

(ii) receiving health care outside of a county jail.

(8) "Inmate" means a prisoner who is in the custody of a correctional facility following a criminal conviction.

(9) "Medication assisted treatment plan" means a prescription plan to use prescribed medication approved by the Food and Drug Administration, such as buprenorphine, methadone, or naltrexone to treat substance use withdrawal symptoms or an opioid use disorder.

(10) "Notice" means all papers and orders, except process, required to be served in any proceeding before any court, board, commission, or officer, or when required by law to be served independently of a court proceeding.

(11) "[~~Opiate~~] Opioid-like substance" means the same as that term is defined in Section 58-37-2.

(12) "Primary sex characteristic surgical procedure" means the same as that term is defined in Section 26B-4-1001.

(13) "Prisoner" means an individual who is:

(a) in custody of a peace officer in accordance with a lawful arrest; or

(b) confined in a county jail.

(14) "Police interlocal entity" means the same as that term is defined in Sections 17-76-201 and 17-76-301.

(15) "Police special district" means the same as that term is defined in Section 17-76-201.

(16) "Probationer" means an individual on probation under the supervision of the county sheriff.

(17) "Process" means all writs, warrants, summonses and orders of the courts of justice or judicial officers.

(18)(a) "Qualifying domestic violence offense" means the same as that term is defined in Section 77-36-1.1.

(b) "Qualifying domestic violence offense" does not include criminal mischief as that term is defined in Section 76-6-106.

[~~(19) "State inmate" means an inmate who is sentenced to the Department of Corrections,~~

~~created in Section 64-13-2, even if the inmate is in the custody of a county jail.~~]

[~~(20)~~] (19) "Secondary sex characteristic surgical procedure" means the same as that term is defined in Section 26B-4-1001.

(20) "State inmate" means an inmate who is sentenced to the Department of Corrections, created in Section 64-13-2, even if the inmate is in the custody of a county jail.

(21) "Violent felony" means the same as that term is defined in Section 76-3-203.5.

Section 2. Section **17-72-408** is amended to read:

17-72-408 (Effective 05/06/26). County jail reporting requirements.

(1) Each county jail shall submit a report to the commission before June 15 of each year that includes, for the preceding calendar year:

(a) the average daily prisoner population each month;

(b) the number of prisoners in the county jail on the last day of each month who identify as each race or ethnicity included in the Standards for Transmitting Race and Ethnicity published by the United States Federal Bureau of Investigation;

(c) the number of prisoners booked into the county jail;

(d) the number of prisoners held in the county jail each month on behalf of each of the following entities:

(i) the Bureau of Indian Affairs;

(ii) a state prison;

(iii) a federal prison;

(iv) the United States Immigration and Customs Enforcement; and

(v) any other entity with which a county jail has entered a contract to house inmates on the entity's behalf;

(e) the number of prisoners that are denied pretrial release and held in the custody of the county jail while the prisoner awaited final disposition of the prisoner's criminal charges;

(f) for each prisoner booked into the county jail:

(i) the name of the agency that arrested the prisoner;

(ii) the date and time the prisoner was booked into and released from the custody of the county jail;

(iii) if the prisoner was released from the custody of the county jail, the reason the inmate was released from the custody of the county jail;

(iv) if the prisoner was released from the custody of the county jail on a financial condition, whether the financial condition was set by a county sheriff or a court;

(v) the number of days the prisoner was held in the custody of the county jail before disposition of the prisoner's criminal charges;

(vi) whether the prisoner was released from the custody of the county jail before final disposition of the prisoner's criminal charges; and

(vii) the prisoner's state identification number;

(g) the number of in-custody deaths that occurred at the county jail;

(h) for each in-custody death:

(i) the deceased's name, gender, race, ethnicity, age, and known or suspected medical diagnosis or disability, if any;

(ii) the date, time, and location of death;

(iii) the law enforcement agency that detained, arrested, or was in the process of arresting the deceased; and

(iv) a brief description of the circumstances surrounding the death;

(i) the known, or discoverable on reasonable inquiry, causes and contributing factors of each of the in-custody deaths described in Subsection (2)(g);

(j) the county jail's policy for notifying an inmate's next of kin after the prisoner's in-custody death;

(k) the county jail policies, procedures, and protocols:

(i) for treatment of a prisoner experiencing withdrawal from alcohol or substance use, including use of [~~opiates~~] opioid-like substances;

(ii) that relate to the county jail's provision, or lack of provision, of medications used to treat, mitigate, or address a prisoner's symptoms of withdrawal, including methadone and all forms of buprenorphine and naltrexone; and

(iii) that relate to screening, assessment, and treatment of a prisoner for a substance use or mental health disorder, including the policies, procedures, and protocols that implement the requirements described in Section 17-72-501;

(l)(i) the number of prisoners whose screening described in Section 17-72-501 indicated the presence of a substance use disorder; and

(ii) of the prisoners whose screening indicated the presence of a substance use disorder, the number of prisoners who received medication under a medication assisted treatment plan; and

(m) any report the county jail provides or is required to provide under federal law or regulation relating to prisoner deaths.

(2)(a) Subsection (1) does not apply to a county jail if the county jail:

(i) collects and stores the data described in Subsection (1); and

(ii) enters into a memorandum of understanding with the commission that allows the commission to access the data described in Subsection (1).

(b) The memorandum of understanding described in Subsection (2)(a)(ii) shall include a provision to protect any information related to an ongoing investigation and comply with all applicable federal and state laws.

(c) If the commission accesses data from a county jail in accordance with Subsection (2)(a), the commission may not release a report prepared from that data, unless:

(i) the commission provides the report for review to:

(A) the county jail; and

(B) any arresting agency that is named in the report; and

(ii)(A) the county jail approves the report for release;

(B) the county jail reviews the report and prepares a response to the report to be published with the report; or

(C) the county jail fails to provide a response to the report within four weeks after the day on which the commission provides the report to the county jail.

(3) The commission shall:

(a) compile the information from the reports described in Subsection (1);

(b) omit or redact any identifying information of an inmate in the compilation to the extent omission or redaction is necessary to comply with state and federal law;

(c) submit the compilation to the Law Enforcement and Criminal Justice Interim Committee and the Utah Substance Use and Mental Health Advisory Committee before November 1 of each year; and

(d) submit the compilation to the protection and advocacy agency designated by the governor before November 1 of each year.

(4) The commission may not provide access to or use a county jail's policies, procedures, or protocols submitted under this section in a manner or for a purpose not described in this section.

(5) Upon request, a county jail shall make a report, including only the names and causes of death of deceased inmates and the facility in which the deceased inmates were being held in custody, available to the public.

Section 3. Section **26B-4-501** is amended to read:

26B-4-501 (Effective 05/06/26). Definitions.

As used in this part:

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

(2) "Critical access hospital" means a critical access hospital that meets the criteria of 42 U.S.C. Sec. 1395i-4(c)(2).

(3) "Designated facility" means:

(a) a freestanding urgent care center;

(b) a general acute hospital; or

(c) a critical access hospital.

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

(5) "Division" means the Division of Professional Licensing created in Section 58-1-103.

(6) "Emergency contraception" means the use of a substance, approved by the United States Food and Drug Administration, to prevent pregnancy after sexual intercourse.

(7) "Freestanding urgent care center" means the same as that term is defined in Section 59-12-801.

(8) "General acute hospital" means the same as that term is defined in Section 26B-2-201.

(9) "Health care facility" means a hospital, a hospice inpatient residence, a nursing facility, a dialysis treatment facility, an assisted living residence, an entity that provides home- and community-based services, a hospice or home health care agency, or another facility that provides or contracts to provide health care services, which facility is licensed under Chapter 2, Part 2, Health Care Facility Licensing and Inspection.

(10) "Health care provider" means:

(a) a physician, as defined in Section 58-67-102;

(b) an advanced practice registered nurse, as defined in Section 58-31b-102;

(c) a physician assistant, as defined in Section 58-70a-102; or

(d) an individual licensed to engage in the practice of dentistry, as defined in Section 58-69-102.

(11) "Increased risk" means risk exceeding the risk typically experienced by an individual who is not using, and is not likely to use, an [~~opiate~~] opioid-like substance.

(12) "[~~Opiate~~] Opioid-like substance" means the same as that term is defined in Section 58-37-2.

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

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

(15) "Overdose outreach provider" means:

(a) a law enforcement agency;

(b) a fire department;

(c) an emergency medical service provider, as defined in Section 53-2d-101;

(d) emergency medical service personnel, as defined in Section 53-2d-101;

(e) an organization providing treatment or recovery services for drug or alcohol use;

(f) an organization providing support services for an individual, or a family of an individual, with a substance use disorder;

(g) a certified peer support specialist, as defined in Section 26B-5-610;

(h) an organization providing substance use or mental health services under contract with a local substance abuse authority, as defined in Section 26B-5-101, or a local mental health authority, as defined in Section 26B-5-101;

(i) an organization providing services to the homeless;

(j) a local health department;

(k) an individual licensed to practice under:

(i) Title 58, Chapter 17b, Pharmacy Practice Act;

(ii) Title 58, Chapter 60, Part 2, Social Worker Licensing Act; or

(iii) Title 58, Chapter 60, Part 5, Substance Use Disorder Counselor Act; or

(l) an individual.

(16) "Patient counseling" means the same as that term is defined in Section 58-17b-102.

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

(18) "Pharmacy intern" means the same as that term is defined in Section 58-17b-102.

(19) "Physician" means the same as that term is defined in Section 58-67-102.

(20) "Practitioner" means:

(a) a physician; or

(b) any other person who is permitted by law to prescribe emergency contraception.

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

(22)(a) "Self-administered hormonal contraceptive" means a self-administered hormonal contraceptive that is approved by the United States Food and Drug Administration to

prevent pregnancy.

(b) "Self-administered hormonal contraceptive" includes an oral hormonal contraceptive, a hormonal vaginal ring, and a hormonal contraceptive patch.

(c) "Self-administered hormonal contraceptive" does not include any drug intended to induce an abortion, as that term is defined in Section 76-7-301.

(23)(a) "Sexual assault" means any criminal conduct described in Title 76, Chapter 5, Part 4, Sexual Offenses, that may result in a pregnancy.

(b) "Sexual assault" does not include criminal conduct described in:

(i) Section 76-5-417, enticing a minor;

(ii) Section 76-5-418, sexual battery;

(iii) Section 76-5-419, lewdness; or

(iv) Section 76-5-420, lewdness involving a child.

(24) "Victim of sexual assault" means any person who presents to receive, or receives, medical care in consequence of being subjected to sexual assault.

Section 4. Section **26B-4-508** is amended to read:

26B-4-508 (Effective 05/06/26). Voluntary participation.

Sections 26B-4-509 through 26B-4-514 do not create a duty or standard of care for a person to prescribe or administer an [~~opiate~~] opioid antagonist.

The following section is affected by a coordination clause at the end of this bill.

Section 5. Section **26B-4-509** is amended to read:

26B-4-509 (Effective 05/06/26). Prescribing, dispensing, and administering an opioid antagonist -- Immunity from liability.

(1)(a)(i) For purposes of Subsection (1)(a)(ii), "a person other than a health care facility or health care provider" includes the following, regardless of whether the person has received funds from the department through the [~~Opiate~~] Opioid Overdose Outreach Pilot Program created in Section 26B-4-512:

(A) a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F); or

(B) an organization, defined by department rule made under Subsection 26B-4-512(7)(e), that is in a position to assist an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event.

(ii) Except as provided in Subsection (1)(b), the following persons are not liable for any civil damages for acts or omissions made as a result of administering an [~~opiate~~] opioid antagonist when the person acts in good faith to administer the [

~~opiate~~] opioid antagonist to an individual whom the person believes to be experiencing an [~~opiate-related~~] opioid-related drug overdose event:

(A) an overdose outreach provider; or

(B) a person other than a health care facility or health care provider.

(b) A health care provider:

(i) is not immune from liability under Subsection (1)(a) when the health care provider is acting within the scope of the health care provider's responsibilities or duty of care; and

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

(2) Notwithstanding Sections 58-1-501, 58-17b-501, and 58-17b-502, a health care provider who is licensed to prescribe an [~~opiate~~] opioid antagonist may prescribe, including by a standing prescription drug order issued in accordance with Subsection 26B-4-510(2), or dispense an [~~opiate~~] opioid antagonist:

(a)(i) to an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event;

(ii) for an individual described in Subsection (2)(a)(i), to a family member, friend, or other person, including a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist the individual; or

(iii) to an overdose outreach provider for:

(A) furnishing the [~~opiate~~] opioid antagonist to an individual described in Subsection (2)(a)(i) or (ii), as provided in Section 26B-4-511; or

(B) administering to an individual experiencing an [~~opiate-related~~] opioid-related drug overdose event;

(b) without a prescriber-patient relationship; and

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

(3) A health care provider who dispenses an [~~opiate~~] opioid antagonist to an individual or an overdose outreach provider under Subsection (2)(a) shall provide education to the individual or overdose outreach provider that includes written instruction on how to:

(a) recognize an [~~opiate-related~~] opioid-related drug overdose event; and

(b) respond appropriately to an [~~opiate-related~~] opioid-related drug overdose event, including how to:

(i) administer an [~~opiate~~] opioid antagonist; and

(ii) ensure that an individual to whom an [~~opiate~~] opioid antagonist has been administered receives, as soon as possible, additional medical care and a medical evaluation.

The following section is affected by a coordination clause at the end of this bill.

Section 6. Section **26B-4-510** is amended to read:

26B-4-510 (Effective 05/06/26). Standing prescription drug orders for an opioid antagonist.

(1) Notwithstanding Title 58, Chapter 17b, Pharmacy Practice Act, a person licensed under Title 58, Chapter 17b, Pharmacy Practice Act, to dispense an [~~opiate~~] opioid antagonist may dispense the [~~opiate~~] opioid antagonist:

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

(b) without any other prescription drug order from a person licensed to prescribe an [~~opiate~~] opioid antagonist.

(2) A physician who is licensed to prescribe an [~~opiate~~] opioid antagonist, including a physician acting in the physician's capacity as an employee of the department, or a medical director of a local health department, as defined in Section [~~26B-4-512~~] 26A-1-102, may issue a standing prescription drug order authorizing the dispensing of the [~~opiate~~] opioid antagonist under Subsection (1) in accordance with a protocol that:

(a) limits dispensing of the [~~opiate~~] opioid antagonist to:

(i) an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event;

(ii) a family member of, friend of, or other person, including a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event; or

(iii) an overdose outreach provider for:

(A) furnishing to an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event, or to a family member of, friend of, or other individual who is in a position to assist an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event, as provided in Section 26B-4-511; or

(B) administering to an individual experiencing an [~~opiate-related~~] opioid-related drug overdose event;

(b) requires the physician to specify the persons, by professional license number, authorized to dispense the [~~opiate~~] opioid antagonist;

(c) requires the physician to review at least annually the dispensing practices of those authorized by the physician to dispense the [~~opiate~~] opioid antagonist;

(d) requires those authorized by the physician to dispense the [~~opiate~~] opioid antagonist to make and retain a record of each person to whom the [~~opiate~~] opioid antagonist is dispensed, which shall include:

(i) the name of the person;

(ii) the drug dispensed; and

(iii) other relevant information; and

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

The following section is affected by a coordination clause at the end of this bill.

Section 7. Section **26B-4-511** is amended to read:

26B-4-511 (Effective 05/06/26). Overdose outreach providers.

Notwithstanding Sections 58-1-501, 58-17b-501, and 58-17b-502:

(1) an overdose outreach provider may:

(a) obtain an [~~opiate~~] opioid antagonist dispensed on prescription by:

(i) a health care provider, in accordance with Subsections 26B-4-509(2) and (3); or

(ii) a pharmacist or pharmacy intern, as otherwise authorized by Title 58, Chapter 17b, Pharmacy Practice Act;

(b) store the [~~opiate~~] opioid antagonist; and

(c) furnish the [~~opiate~~] opioid antagonist:

(i)(A) to an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event; or

(B) to a family member, friend, overdose outreach provider, or other individual who is in a position to assist an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event; and

(ii) without liability for any civil damages for acts or omissions made as a result of furnishing the [~~opiate~~] opioid antagonist in good faith; and

(2) when furnishing an [~~opiate~~] opioid antagonist under Subsection (1), an overdose outreach provider:

(a) shall also furnish to the recipient of the [~~opiate~~] opioid antagonist:

(i) the written instruction under Subsection [~~26B-4-504(3)~~] 26B-4-509(3) received by the overdose outreach provider from the health care provider at the time the [~~opiate~~] opioid antagonist was dispensed to the overdose outreach provider; or

(ii) if the [~~opiate~~] opioid antagonist was dispensed to the overdose outreach provider by a pharmacist or pharmacy intern, any written patient counseling under Section 58-17b-613 received by the overdose outreach provider at the time of dispensing; and

(b) may provide additional instruction on how to recognize and respond appropriately to an [~~opiate-related~~] opioid-related drug overdose event.

Section 8. Section **26B-4-512** is amended to read:

26B-4-512 (Effective 05/06/26). Opioid Overdose Outreach Pilot Program -- Grants -- Annual reporting by grantees -- Rulemaking -- Annual reporting by department.

(1) As used in this section:

(a) "Persons that are in a position to assist an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event":

(i) means the following organizations:

(A) a law enforcement agency;

(B) the department or a local health department, as defined in Section 26A-1-102;

(C) an organization that provides drug or alcohol treatment services;

(D) an organization that provides services to the homeless;

(E) an organization that provides training on the proper administration of an [~~opiate~~] opioid antagonist in response to an [~~opiate-related~~] opioid-related drug overdose event;

(F) a school; or

(G) except as provided in Subsection (1)(a)(ii), any other organization, as defined by department rule made under Subsection (7)(e), that is in a position to assist an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event; and

(ii) does not mean:

(A) a person licensed under Title 58, Chapter 17b, Pharmacy Practice Act;

(B) a health care facility; or

(C) an individual.

(b) "School" means:

(i) a public school:

(A) for elementary or secondary education, including a charter school; or

(B) for other purposes;

(ii) a private school:

(A) for elementary or secondary education; or

(B) accredited for other purposes, including higher education or specialty training; or

(iii) an institution of higher education, listed in Section 53H-1-102.

(2) There is created within the department the [~~"Opiate~~] "Opioid Overdose Outreach Pilot Program."

(3) The department may use funds appropriated for the program to:

(a) provide grants under Subsection (4);

(b) promote public awareness of the signs, symptoms, and risks of opioid misuse and overdose;

(c) increase the availability of educational materials and other resources designed to assist individuals at increased risk of opioid overdose, their families, and others in a position to help prevent or respond to an overdose event;

(d) increase public awareness of, access to, and use of [~~opiate~~] an opioid antagonist;

(e) update the department's Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain and promote its use by prescribers and dispensers of opioids;

(f) develop a directory of substance misuse treatment programs and promote its dissemination to and use by opioid prescribers, dispensers, and others in a position to assist individuals at increased risk of opioid overdose;

(g) coordinate a multi-agency coalition to address opioid misuse and overdose; and

(h) maintain department data collection efforts designed to guide the development of opioid overdose interventions and track their effectiveness.

(4) No later than September 1, 2016, and with available funding, the department shall grant funds through the program to persons that are in a position to assist an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event.

(5) Funds granted by the program:

(a) may be used by a grantee to:

(i) pay for the purchase by the grantee of an [~~opiate~~] opioid antagonist; or

(ii) pay for the grantee's cost of providing training on the proper administration of an [~~opiate~~] opioid antagonist in response to an [~~opiate-related~~] opioid-related drug

overdose event; and

(b) may not be used:

(i) to pay for costs associated with the storage or dispensing of an [~~opiate~~] opioid antagonist; or

(ii) for any other purposes.

(6) Grantees shall report annually to the department on the use of granted funds in accordance with department rules made under Subsection (7)(d).

(7) No later than July 1, 2016, the department shall, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, make rules specifying:

(a) how to apply for a grant from the program;

(b) the criteria used by the department to determine whether a grant request is approved, including criteria providing that:

(i) grants are awarded to areas of the state, including rural areas, that would benefit most from the grant; and

(ii) no more than 15% of the total amount granted by the program is used to pay for grantees' costs of providing training on the proper administration of an [~~opiate~~] opioid antagonist in response to an [~~opiate-related~~] opioid-related drug overdose event;

(c) the criteria used by the department to determine the amount of a grant;

(d) the information a grantee shall report annually to the department under Subsection (6), including:

(i) the amount of [~~opiate~~] opioid antagonist purchased and dispensed by the grantee during the reporting period;

(ii) the number of individuals to whom the [~~opiate~~] opioid antagonist was dispensed by the grantee;

(iii) the number of lives known to have been saved during the reporting period as a result of [~~opiate~~] an opioid antagonist dispensed by the grantee; and

(iv) the manner in which the grantee shall record, preserve, and make available for audit by the department the information described in Subsections (7)(d)(i) through (7)(d)(iii); and

(e) as required by Subsection (1)(a)(i)(G), any other organization that is in a position to assist an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event.

Section 9. Section **26B-4-513** is amended to read:

26B-4-513 (Effective 05/06/26). Coprescription guidelines.

(1) As used in this section:

(a) "Controlled substance prescriber" means the same as that term is defined in Section 58-37-6.5.

(b) "Coprescribe" means to issue a prescription for an [~~opiate~~] opioid antagonist with a prescription for an [~~opiate~~] opioid-like substance.

(2) The department shall, in consultation with the Medical Licensing Board created in Section 58-67-201, and the Division of Professional Licensing created in Section 58-1-103, establish by rule, made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, scientifically based guidelines for controlled substance prescribers to coprescribe an [~~opiate~~] opioid antagonist to a patient.

Section 10. Section **26B-4-514** is amended to read:

26B-4-514 (Effective 05/06/26). Opioid-like substance abuse prevention pamphlet.

(1) As funding is available, the department shall produce and distribute, in conjunction with the Office of Substance Use and Mental Health, a pamphlet about [~~opiates~~] opioid-like substances that includes information regarding:

(a) the risk of dependency and addiction;

(b) methods for proper storage and disposal;

(c) alternative options for pain management;

(d) the benefits of and ways to obtain naloxone; and

(e) resources if the patient believes that the patient has a substance use disorder.

(2) The pamphlet described in Subsection (1) shall be:

(a) evaluated periodically for effectiveness at conveying necessary information and revised accordingly;

(b) written in simple and understandable language; and

(c) available in English and other languages that the department determines to be appropriate and necessary.

Section 11. Section **26B-7-110** is amended to read:

26B-7-110 (Effective 05/06/26). Duty to establish program to reduce deaths and other harm from prescription opioid-like substances used for chronic noncancer pain.

(1) As used in this section, "[~~opiate~~] opioid-like substance" means any drug or other substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or

addiction-sustaining liability.

(2) In addition to the duties listed in Section 26B-1-202, the department shall develop and implement a two-year program in coordination with the Division of Professional Licensing, the Utah Labor Commission, and the Utah attorney general, to:

(a) investigate the causes of and risk factors for death and nonfatal complications of prescription [~~opiate~~] opioid-like substance use and misuse in Utah for chronic pain by utilizing the Utah Controlled Substance Database created in Section 58-37f-201;

(b) study the risks, warning signs, and solutions to the risks associated with prescription [~~opiate~~] opioid-like substance medications for chronic pain, including risks and prevention of misuse and diversion of those medications;

(c) provide education to health care providers, patients, insurers, and the general public on the appropriate management of chronic pain, including the effective use of medical treatment and quality care guidelines that are scientifically based and peer reviewed; and

(d) educate the public regarding:

(i) the purpose of the Controlled Substance Database established in Section 58-37f-201; and

(ii) the requirement that a person's name and prescription information be recorded on the database when the person fills a prescription for a schedule II, III, IV, or V controlled substance.

Section 12. Section **26B-7-117** is amended to read:

26B-7-117 (Effective 05/06/26). Syringe exchange and education.

(1) The following may operate a syringe exchange program in the state to prevent the transmission of disease, reduce morbidity and mortality, and facilitate access to treatment and recovery services among individuals who inject drugs, and those individuals' contacts:

(a) a government entity, including:

(i) the department;

(ii) a local health department; or

(iii) a local substance abuse authority, as defined in Section 26B-5-101;

(b) a nongovernment entity, including:

(i) a nonprofit organization; or

(ii) a for-profit organization; or

(c) any other entity that complies with Subsections (2) and (4).

(2) An entity operating a syringe exchange program in the state shall:

(a) facilitate the exchange of an individual's used syringe for one or more new syringes in sealed sterile packages;

(b) ensure that a recipient of a new syringe is given verbal and written instruction on:

(i) methods for preventing the transmission of blood-borne diseases, including hepatitis C and human immunodeficiency virus; and

(ii) options for obtaining:

(A) services for the treatment of a substance use disorder;

(B) testing for a blood-borne disease; and

(C) an [~~opiate~~] opioid antagonist, as that term is defined in Section 26B-4-501; and

(c) report annually to the department the following information about the program's activities:

(i) the number of individuals who have exchanged syringes;

(ii) the number of used syringes exchanged for new syringes;

(iii) the number of new syringes provided in exchange for used syringes;

(iv) information the program provided to individuals about recovery and treatment resources; and

(v) of the individuals who have exchanged syringes, the number of individuals who received services for the treatment of a substance use disorder within 12 months of exchanging syringes.

(3) A person that is licensed by the department to provide residential treatment for a substance use disorder shall include as part of the person's admissions materials a question asking whether the individual seeking treatment has ever received services from a syringe exchange program.

(4) The department shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, as necessary or advisable to implement the provisions of this section, including rules:

(a) specifying requirements for:

(i) syringe distribution;

(ii) data collection; and

(iii) the evaluation of an entity operating a syringe exchange program to ensure compliance with applicable statutes and rules; and

(b) specifying how and when an entity operating a syringe exchange program shall make the report required by Subsection (2)(c).

(5) An entity operating a syringe exchange program may not facilitate the exchange of syringes at a homeless shelter, as that term is defined in Section 35A-16-501, or permanent supportive housing.

(6)(a) The use of state funds to operate a syringe exchange program is prohibited.

(b) Nothing in this section should be construed to prohibit the use or distribution of municipal, county, or federal funds in operating or financing a syringe exchange program under this section.

Section 13. Section **53G-9-502** is amended to read:

53G-9-502 (Effective 05/06/26). Administration of medication to students -- Prerequisites -- Immunity from liability -- Applicability.

(1) A public or private school that holds any classes in grades kindergarten through 12 may provide for the administration of medication, including epinephrine nasal spray as that term is defined in Section 26B-4-401, to any student during periods when the student is under the control of the school, subject to the following conditions:

(a) the local school board, charter school governing board, or the private equivalent, after consultation with the Department of Health and Human Services and school nurses shall adopt policies that provide for:

(i) the designation of volunteer employees who may administer medication;

(ii) proper identification and safekeeping of medication;

(iii) the training of designated volunteer employees by the school nurse;

(iv) maintenance of records of administration; and

(v) notification to the school nurse of medication that will be administered to students; and

(b) medication may only be administered to a student if:

(i) the student's parent has provided a current written and signed request that medication be administered during regular school hours to the student; and

(ii) the student's licensed health care provider has prescribed the medication and provides documentation as to the method, amount, and time schedule for administration, and a statement that administration of medication by school employees during periods when the student is under the control of the school is medically necessary.

(2) Authorization for administration of medication by school personnel may be withdrawn by the school at any time following actual notice to the student's parent.

(3) School personnel who provide assistance under Subsection (1) in substantial compliance

with the licensed health care provider's written prescription and the employers of these school personnel are not liable, civilly or criminally, for:

(a) any adverse reaction suffered by the student as a result of taking the medication; and

(b) discontinuing the administration of the medication under Subsection (2).

(4) Subsections (1) through (3) do not apply to:

(a) the administration of glucagon in accordance with Section 53G-9-504;

(b) the administration of a seizure rescue medication in accordance with Section 53G-9-505;

(c) the administration of an [~~opiate~~] opioid antagonist in accordance with Title 26B, Chapter 4, Part 5, Treatment Access; or

(d) the administration of an adrenal insufficiency medication in accordance with Section 53G-9-507.

Section 14. Section **58-17b-309** is amended to read:

58-17b-309 (Effective 05/06/26). Exemptions from licensure.

In addition to the exemptions from licensure in Section 58-1-307, the following individuals may engage in the acts or practices described in this section without being licensed under this chapter:

(1) a person selling or providing contact lenses in accordance with Section 58-16a-801;

(2) an animal shelter that:

(a) under the indirect supervision of a veterinarian, stores, handles, or administers a drug used for euthanising an animal; and

(b) under the indirect supervision of a veterinarian who is under contract with the animal shelter, stores, handles, or administers a rabies vaccine;

(3) an overdose outreach provider, as defined in Section 26B-4-501, that obtains, stores, or furnishes an [~~opiate~~] opioid antagonist in accordance with Title 26B, Chapter 4, Part 5, Treatment Access; and

(4) a dispensing practitioner, as defined in Section 58-88-201, dispensing a drug under Chapter 88, Part 2, Dispensing Practice.

The following section is affected by a coordination clause at the end of this bill.

Section 15. Section **58-17b-507** is amended to read:

58-17b-507 (Effective 05/06/26). Opioid antagonist -- Immunity from liability -- Exclusion from unlawful or unprofessional conduct.

(1) As used in this section:

(a) "[~~Opiate~~] Opioid antagonist" means the same as that term is defined in Section

26B-4-501.

(b) "[~~Opiate-related~~] Opioid-related drug overdose event" means the same as that term is defined in Section 26B-4-501.

(2) A person licensed under this chapter that dispenses an [~~opiate~~] opioid antagonist to an individual with a prescription for an [~~opiate~~] opioid antagonist, to an overdose outreach provider with a prescription for an [~~opiate~~] opioid antagonist, or pursuant to a standing prescription drug order issued in accordance with Subsection 26B-4-510(2) is not liable for any civil damages resulting from the outcomes of the eventual administration of the [~~opiate~~] opioid antagonist to an individual who another individual believes is experiencing an [~~opiate-related~~] opioid-related drug overdose event.

(3) The provisions of this section and Title 26B, Chapter 4, Part 5, Treatment Access, do not establish a duty or standard of care in the prescribing, dispensing, or administration of an [~~opiate~~] opioid antagonist.

(4) It is not unprofessional conduct or unlawful conduct for a licensee under this chapter to dispense an [~~opiate~~] opioid antagonist to a person, including a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F), on behalf of an individual if the person obtaining the [~~opiate~~] opioid antagonist has a prescription for the [~~opiate~~] opioid antagonist from a licensed prescriber or the [~~opiate~~] opioid antagonist is dispensed pursuant to a standing prescription drug order issued in accordance with Subsection 26B-4-510(2).

(5) It is not unprofessional conduct or unlawful conduct for a licensee under this chapter to dispense an [~~opiate~~] opioid antagonist to an overdose outreach provider if the overdose outreach provider has a prescription for the [~~opiate~~] opioid antagonist from a licensed prescriber issued pursuant to Subsection 26B-4-509(2)(a)(iii).

The following section is affected by a coordination clause at the end of this bill.

Section 16. Section **58-31b-703** is amended to read:

58-31b-703 (Effective 05/06/26). Opioid antagonist -- Exclusion from unprofessional or unlawful conduct.

(1) As used in this section:

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

(b) "Increased risk" means the same as that term is defined in Section 26B-4-501.

(c) "[~~Opiate~~] Opioid antagonist" means the same as that term is defined in Section 26B-4-501.

(d) "[~~Opiate-related~~] Opioid-related drug overdose event" means the same as that term is

defined in Section 26B-4-501.

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

(2) The prescribing or dispensing of an [~~opiate~~] opioid antagonist by a licensee under this chapter is not unprofessional or unlawful conduct if the licensee prescribed or dispensed the [~~opiate~~] opioid antagonist:

(a) in a good faith effort to assist:

(i) an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event; or

(ii) a family member of, friend of, or other person, including a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event; or

(b) to an overdose outreach provider pursuant to Section 26B-4-509.

(3) The provisions of this section and Title 26B, Chapter 4, Part 5, Treatment Access, do not establish a duty or standard of care in the prescribing, dispensing, or administration of an [~~opiate~~] opioid antagonist.

Section 17. Section **58-37-2** is amended to read:

58-37-2 (Effective 05/06/26). Definitions.

(1) As used in this chapter:

(a) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by:

(i) a practitioner or, in the practitioner's presence, by the practitioner's authorized agent; or

(ii) the patient or research subject at the direction and in the presence of the practitioner.

(b) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor, or practitioner but does not include a motor carrier, public warehouseman, or employee of any of them.

(c) "Consumption" means ingesting or having any measurable amount of a controlled substance in a person's body, but this Subsection (1)(c) does not include the metabolite of a controlled substance.

(d) "Continuing criminal enterprise" means any individual, sole proprietorship, partnership, corporation, business trust, association, or other legal entity, and any

union or groups of individuals associated in fact although not a legal entity, and includes illicit as well as licit entities created or maintained for the purpose of engaging in conduct which constitutes the commission of episodes of activity made unlawful by this chapter, Chapter 37a, Utah Drug Paraphernalia Act, Chapter 37b, Imitation Controlled Substances Act, Chapter 37c, Utah Controlled Substance Precursor Act, or Chapter 37d, Clandestine Drug Lab Act, which episodes are not isolated, but have the same or similar purposes, results, participants, victims, methods of commission, or otherwise are interrelated by distinguishing characteristics. Taken together, the episodes shall demonstrate continuing unlawful conduct and be related either to each other or to the enterprise.

(e) "Control" means to add, remove, or change the placement of a drug, substance, or immediate precursor under Section 58-37-3.

(f)(i) "Controlled substance" means a drug or substance:

(A) included in Schedules I, II, III, IV, or V of Section 58-37-4;

(B) included in Schedules I, II, III, IV, or V of the federal Controlled Substances Act, Title II, P.L. 91-513;

(C) that is a controlled substance analog; or

(D) listed in Section 58-37-4.2.

(ii) "Controlled substance" does not include:

(A) distilled spirits, wine, or malt beverages, as those terms are defined in Title 32B, Alcoholic Beverage Control Act;

(B) any drug intended for lawful use in the diagnosis, cure, mitigation, treatment, or prevention of disease in human or other animals, which contains ephedrine, pseudoephedrine, norpseudoephedrine, or phenylpropanolamine if the drug is lawfully purchased, sold, transferred, or furnished as an over-the-counter medication without prescription; or

(C) dietary supplements, vitamins, minerals, herbs, or other similar substances including concentrates or extracts, which:

(I) are not otherwise regulated by law; and

(II) may contain naturally occurring amounts of chemical or substances listed in this chapter, or in rules adopted pursuant to Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

(g)(i) "Controlled substance analog" means:

(A) a substance the chemical structure of which is substantially similar to the

chemical structure of a controlled substance listed in Schedules I and II of Section 58-37-4, a substance listed in Section 58-37-4.2, or in Schedules I and II of the federal Controlled Substances Act, Title II, P.L. 91-513;

(B) a substance that has a stimulant, depressant, or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant, or hallucinogenic effect on the central nervous system of controlled substances listed in Schedules I and II of Section 58-37-4, substances listed in Section 58-37-4.2, or substances listed in Schedules I and II of the federal Controlled Substances Act, Title II, P.L. 91-513; or

(C) [~~A~~] a substance that, with respect to a particular individual, is represented or intended to have a stimulant, depressant, or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant, or hallucinogenic effect on the central nervous system of controlled substances listed in Schedules I and II of Section 58-37-4, substances listed in Section 58-37-4.2, or substances listed in Schedules I and II of the federal Controlled Substances Act, Title II, P.L. 91-513.

(ii) "Controlled substance analog" does not include:

(A) a controlled substance currently scheduled in Schedules I through V of Section 58-37-4;

(B) a substance for which there is an approved new drug application;

(C) a substance with respect to which an exemption is in effect for investigational use by a particular person under Section 505 of the Food, Drug, and Cosmetic Act, 21 U.S.C. Sec. 355, to the extent the conduct with respect to the substance is permitted by the exemption;

(D) any substance to the extent not intended for human consumption before an exemption takes effect with respect to the substance;

(E) any drug intended for lawful use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals, which contains ephedrine, pseudoephedrine, norpseudoephedrine, or phenylpropanolamine if the drug is lawfully purchased, sold, transferred, or furnished as an over-the-counter medication without prescription; or

(F) dietary supplements, vitamins, minerals, herbs, or other similar substances including concentrates or extracts, which are not otherwise regulated by law, which may contain naturally occurring amounts of chemical or substances

listed in this chapter, or in rules adopted pursuant to Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

(h)(i) "Conviction" means a determination of guilt by verdict, whether jury or bench, or plea, whether guilty or no contest, for any offense proscribed by:

(A) this chapter;

(B) Chapter 37a, Utah Drug Paraphernalia Act;

(C) Chapter 37b, Imitation Controlled Substances Act;

(D) Chapter 37c, Utah Controlled Substance Precursor Act; or

(E) Chapter 37d, Clandestine Drug Lab Act; or

(ii) for any offense under the laws of the United States and any other state which, if committed in this state, would be an offense under:

(A) this chapter;

(B) Chapter 37a, Utah Drug Paraphernalia Act;

(C) Chapter 37b, Imitation Controlled Substances Act;

(D) Chapter 37c, Utah Controlled Substance Precursor Act; or

(E) Chapter 37d, Clandestine Drug Lab Act.

(i) "Counterfeit substance" means:

(i) any controlled substance or container or labeling of any controlled substance that:

(A) without authorization bears the trademark, trade name, or other identifying mark, imprint, number, device, or any likeness of them, of a manufacturer, distributor, or dispenser other than the person or persons who in fact manufactured, distributed, or dispensed the substance which falsely purports to be a controlled substance distributed by any other manufacturer, distributor, or dispenser; and

(B) a reasonable person would believe to be a controlled substance distributed by an authorized manufacturer, distributor, or dispenser based on the appearance of the substance as described under Subsection (1)(i)(i)(A) or the appearance of the container of that controlled substance; or

(ii) any substance other than under Subsection (1)(i)(i) that:

(A) is falsely represented to be any legally or illegally manufactured controlled substance; and

(B) a reasonable person would believe to be a legal or illegal controlled substance.

(j) "Deliver" or "delivery" means the actual, constructive, or attempted transfer of a controlled substance or a listed chemical, whether or not an agency relationship exists.

(k) "Department" means the Department of Commerce.

(l) "Depressant or stimulant substance" means:

(i) a drug which contains any quantity of barbituric acid or any of the salts of barbituric acid;

(ii) a drug which contains any quantity of:

(A) amphetamine or any of its optical isomers;

(B) any salt of amphetamine or any salt of an optical isomer of amphetamine; or

(C) any substance which the Secretary of Health and Human Services or the Attorney General of the United States after investigation has found and by regulation designated habit-forming because of its stimulant effect on the central nervous system;

(iii) lysergic acid diethylamide; or

(iv) any drug which contains any quantity of a substance which the Secretary of Health and Human Services or the Attorney General of the United States after investigation has found to have, and by regulation designated as having, a potential for abuse because of its depressant or stimulant effect on the central nervous system or its hallucinogenic effect.

(m) "Dispense" means the delivery of a controlled substance by a pharmacist to an ultimate user pursuant to the lawful order or prescription of a practitioner, and includes distributing to, leaving with, giving away, or disposing of that substance as well as the packaging, labeling, or compounding necessary to prepare the substance for delivery.

(n) "Dispenser" means a pharmacist who dispenses a controlled substance.

(o) "Distribute" means to deliver other than by administering or dispensing a controlled substance or a listed chemical.

(p) "Distributor" means a person who distributes controlled substances.

(q) "Division" means the Division of Professional Licensing created in Section 58-1-103.

(r)(i) "Drug" means:

(A) a substance recognized in the official United States Pharmacopoeia, Official Homeopathic Pharmacopoeia of the United States, or Official National Formulary, or any supplement to any of them, intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;

(B) a substance that is required by any applicable federal or state law or rule to be

dispensed by prescription only or is restricted to administration by practitioners only;

(C) a substance other than food intended to affect the structure or any function of the body of humans or other animals; and

(D) substances intended for use as a component of any substance specified in Subsections (1)(r)(i)(A), (B), and (C).

(ii) "Drug" does not include dietary supplements.

(iii) "Drug" includes a food intended for human consumption that intentionally contains a vaccine or vaccine material as provided in Section 4-5-107.

(s) "Drug dependent person" means any individual who unlawfully and habitually uses any controlled substance to endanger the public morals, health, safety, or welfare, or who is so dependent upon the use of controlled substances as to have lost the power of self-control with reference to the individual's dependency.

(t)(i) "Food" means:

(A) any nutrient or substance of plant, mineral, or animal origin other than a drug as specified in this chapter, and normally ingested by human beings; and

(B) foods for special dietary uses as exist by reason of a physical, physiological, pathological, or other condition including the conditions of disease, convalescence, pregnancy, lactation, allergy, hypersensitivity to food, underweight, and overweight; uses for supplying a particular dietary need which exist by reason of age including the ages of infancy and childbirth, and also uses for supplementing and for fortifying the ordinary or unusual diet with any vitamin, mineral, or other dietary property for use of a food.

(ii) Any particular use of a food is a special dietary use regardless of the nutritional purposes.

(u) "Immediate precursor" means a substance which the Attorney General of the United States has found to be, and by regulation designated as being, the principal compound used or produced primarily for use in the manufacture of a controlled substance, or which is an immediate chemical intermediary used or likely to be used in the manufacture of a controlled substance, the control of which is necessary to prevent, curtail, or limit the manufacture of the controlled substance.

(v) "Indian" means a member of an Indian tribe.

(w) "Indian religion" means a religion:

(i) the origin and interpretation of which is from within a traditional Indian culture or

community; and

(ii) that is practiced by Indians.

(x) "Indian tribe" means any tribe, band, nation, pueblo, or other organized group or community of Indians, including any Alaska Native village, which is legally recognized as eligible for and is consistent with the special programs, services, and entitlements provided by the United States to Indians because of their status as Indians.

(y) "Manufacture" means the production, preparation, propagation, compounding, or processing of a controlled substance, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis.

(z) "Manufacturer" includes any person who packages, repackages, or labels any container of any controlled substance, except pharmacists who dispense or compound prescription orders for delivery to the ultimate consumer.

(aa)(i) "Marijuana" means all species of the genus cannabis and all parts of the genus, whether growing or not, including:

(A) seeds;

(B) resin extracted from any part of the plant, including the resin extracted from the mature stalks;

(C) every compound, manufacture, salt, derivative, mixture, or preparation of the plant, seeds, or resin;

(D) any synthetic equivalents of the substances contained in the plant cannabis sativa or any other species of the genus cannabis which are chemically indistinguishable and pharmacologically active; and

(E) any component part or cannabinoid extracted or isolated from the plant, including extracted or isolated tetrahydrocannabinols.

(ii) "Marijuana" does not include:

(A) the mature stalks of the plant;

(B) fiber produced from the stalks;

(C) oil or cake made from the seeds of the plant;

(D) except as provided in Subsection (1)(aa)(i), any other compound, manufacture, salt, derivative, mixture, or preparation of the mature stalks, fiber, oil or cake;

(E) the sterilized seed of the plant which is incapable of germination;

(F) any compound, mixture, or preparation approved by the federal Food and Drug Administration under the federal Food, Drug, and Cosmetic Act, 21 U.S.C. Sec. 301 et seq. that is not listed in a schedule of controlled substances in Section 58-37-4 or in the federal Controlled Substances Act, Title II, P.L. 91-513; or

(G) transportable industrial hemp concentrate as that term is defined in Section 4-41-102.

(bb) "Money" means officially issued coin and currency of the United States or any foreign country.

(cc) "Narcotic drug" means any of the following, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(i) opium, coca leaves, and [~~opiates~~] opioid-like substances;

(ii) a compound, manufacture, salt, derivative, or preparation of opium, coca leaves, or [~~opiates~~] opioid-like substances;

(iii) opium poppy and poppy straw; or

(iv) a substance, and any compound, manufacture, salt, derivative, or preparation of the substance, which is chemically identical with any of the substances referred to in Subsection (1)(cc)(i), (ii), or (iii), except narcotic drug does not include decocainized coca leaves or extracts of coca leaves which do not contain cocaine or ecgonine.

(dd) "Negotiable instrument" means documents, containing an unconditional promise to pay a sum of money, which are legally transferable to another party by endorsement or delivery.

(ee) "[~~Opiate~~] Opioid-like substance" means any drug or other substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or addiction-sustaining liability.

(ff) "Opium poppy" means the plant of the species papaver somniferum L., except the seeds of the plant.

(gg) "Person" means any corporation, association, partnership, trust, other institution or entity or one or more individuals.

(hh) "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing.

(ii) "Possession" or "use" means the joint or individual ownership, control, occupancy,

holding, retaining, belonging, maintaining, or the application, inhalation, swallowing, injection, or consumption, as distinguished from distribution, of controlled substances and includes individual, joint, or group possession or use of controlled substances. For a person to be a possessor or user of a controlled substance, it is not required that the person be shown to have individually possessed, used, or controlled the substance, but it is sufficient if it is shown that the person jointly participated with one or more persons in the use, possession, or control of any substances with knowledge that the activity was occurring, or the controlled substance is found in a place or under circumstances indicating that the person had the ability and the intent to exercise dominion and control over the controlled substance.

(jj) "Practitioner" means a physician, dentist, naturopathic physician, veterinarian, pharmacist, scientific investigator, pharmacy, hospital, or other person licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, administer, or use in teaching or chemical analysis a controlled substance in the course of professional practice or research in this state.

(kk) "Prescribe" means to issue a prescription:

(i) orally or in writing; or

(ii) by telephone, facsimile transmission, computer, or other electronic means of communication as defined by division rule.

(ll) "Prescription" means an order issued:

(i) by a licensed practitioner, in the course of that practitioner's professional practice or by collaborative pharmacy practice agreement; and

(ii) for a controlled substance or other prescription drug or device for use by a patient or an animal.

(mm) "Production" means the manufacture, planting, cultivation, growing, or harvesting of a controlled substance.

(nn) "Securities" means any stocks, bonds, notes, or other evidences of debt or of property.

(oo) "State" means the state of Utah.

(pp) "Ultimate user" means any person who lawfully possesses a controlled substance for the person's own use, for the use of a member of the person's household, or for administration to an animal owned by the person or a member of the person's household.

(2) If a term used in this chapter is not defined, the definition and terms of Title 76, Utah

Criminal Code, shall apply.

Section 18. Section **58-37-4** is amended to read:

58-37-4 (Effective 05/06/26). Schedules of controlled substances -- Schedules I through V -- Findings required -- Specific substances included in schedules.

(1) There are established five schedules of controlled substances known as Schedules I, II, III, IV, and V which consist of substances listed in this section.

(2) Schedules I, II, III, IV, and V consist of the following drugs or other substances by the official name, common or usual name, chemical name, or brand name designated:

(a) Schedule I:

(i) Unless specifically excepted or unless listed in another schedule, any of the following [~~opiates~~] substances, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, when the existence of the isomers, esters, ethers, and salts is possible within the specific chemical designation:

(A) Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

(B) Acetyl fentanyl: (N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide);

(C) Acetylmethadol;

(D) Acryl fentanyl (N-(1-Phenethylpiperidin-4-yl)-N-phenylacrylamide);

(E) Allylprodine;

(F) Alphacetylmethadol, except levo-alphacetylmethadol also known as levo-alpha-acetylmethadol, levomethadyl acetate, or LAAM;

(G) Alphameprodine;

(H) Alphamethadol;

(I) Alpha-methylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

(J) Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

(K) Benzylpiperazine;

(L) Benzethidine;

(M) Betacetylmethadol;

(N) Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);

(O) Beta-hydroxy-3-methylfentanyl, other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide;

(P) Betameprodine;

(Q) Betamethadol;

(R) Betaprodine;

(S) Butyryl fentanyl (N-(1-(2-phenylethyl)-4-piperidinyl)-N-phenylbutyramide);

(T) Clonitazene;

(U) Cyclopropyl fentanyl
(N-(1-Phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

(V) Dextromoramide;

(W) Diampromide;

(X) Diethylthiambutene;

(Y) Difenoxin;

(Z) Dimenoxadol;

(AA) Dimepheptanol;

(BB) Dimethylthiambutene;

(CC) Dioxaphetyl butyrate;

(DD) Dipipanone;

(EE) Ethylmethylthiambutene;

(FF) Etizolam
(1-Methyl-6-o-chlorophenyl-8-ethyl-4H-s-triazolo[3,4-c]thieno[2,3-e]1,4-diazepine);

(GG) Etonitazene;

(HH) Etoxeridine;

(II) Furanyl fentanyl (N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]
furan-2-carboxamide);

(JJ) Furethidine;

(KK) Hydroxypethidine;

(LL) Ketobemidone;

(MM) Levomoramide;

(NN) Levophenacylmorphan;

(OO) Methoxyacetyl fentanyl
(2-Methoxy-N-(1-phenylethylpiperidinyl-4-yl)-N-acetamide);

(PP) Morpheridine;

(QQ) MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

(RR) Noracymethadol;

(SS) Norlevorphanol;

(TT) Normethadone;

(UU) Norpipanone;

(VV) Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4- piperidinyl] propanamide);

(WW) Para-fluoroisobutyryl fentanyl (N-(4-Fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

(XX) PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

(YY) Phenadoxone;

(ZZ) Phenampromide;

(AAA) Phenibut;

(BBB) Phenomorphan;

(CCC) Phenoperidine;

(DDD) Piritramide;

(EEE) Proheptazine;

(FFF) Properidine;

(GGG) Propiram;

(HHH) Racemoramide;

(III) Tetrahydrofuran fentanyl (N-(1-Phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);

(JJJ) Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]- propanamide;

(KKK) Tianeptine;

(LLL) Tilidine;

(MMM) Trimeperidine;

(NNN) 3-methylfentanyl, including the optical and geometric isomers (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]- N-phenylpropanamide);

(OOO) 3-methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

(PPP) 3,4-dichloro-N-[2-(dimethylamino)cyclohexyl]-N-methylbenzamide also known as U-47700; and

(QQQ) 4-cyano CUMYL-BUTINACA.

(ii) Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, their salts, isomers, and salts of isomers when the existence of the salts, isomers, and salts of isomers is possible within the specific chemical designation:

(A) Acetorphine;

(B) Acetyldihydrocodeine;

(C) Benzylmorphine;

(D) Codeine methylbromide;

(E) Codeine-N-Oxide;

(F) Cyprenorphine;

(G) Desomorphine;

(H) Dihydromorphine;

(I) Drotebanol;

(J) Etorphine (except hydrochloride salt);

(K) Heroin;

(L) Hydromorphinol;

(M) Methyldesorphine;

(N) Methylhydromorphine;

(O) Morphine methylbromide;

(P) Morphine methylsulfonate;

(Q) Morphine-N-Oxide;

(R) Myrophine;

(S) Nicocodeine;

(T) Nicomorphine;

(U) Normorphine;

(V) Pholcodine; and

(W) Thebacon.

(iii) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, or which contains any of their salts, isomers, and salts of isomers when the existence of the salts, isomers, and salts of isomers is possible within the specific chemical designation; as used in this Subsection (2)(a)(iii) only, "isomer" includes the optical, position, and geometric isomers:

(A) Alpha-ethyltryptamine, some trade or other names: etryptamine; Monase; α -ethyl-1H-indole-3-ethanamine; 3-(2-aminobutyl) indole; α-ET; and AET;

(B) 4-bromo-2,5-dimethoxy-amphetamine, some trade or other names: 4-bromo-2,5-dimethoxy-α-methylphenethylamine; 4-bromo-2,5-DMA;

(C) 4-bromo-2,5-dimethoxyphenethylamine, some trade or other names:

2-(4-bromo-2,5-dimethoxyphenyl)-1-aminoethane; alpha-desmethyl DOB; 2C-B, Nexus;

(D) 2,5-dimethoxyamphetamine, some trade or other names: 2,5-dimethoxy-α -methylphenethylamine; 2,5-DMA;

(E) 2,5-dimethoxy-4-ethylamphetamine, some trade or other names: DOET;

(F) 4-methoxyamphetamine, some trade or other names: 4-methoxy-α -methylphenethylamine; paramethoxyamphetamine, PMA;

(G) 5-methoxy-3,4-methylenedioxyamphetamine;

(H) 4-methyl-2,5-dimethoxy-amphetamine, some trade and other names: 4-methyl-2,5-dimethoxy-α-methylphenethylamine; "DOM"; and "STP";

(I) 3,4-methylenedioxy amphetamine;

(J) 3,4-methylenedioxymethamphetamine (MDMA);

(K) 3,4-methylenedioxy-N-ethylamphetamine, also known as N-ethyl-alpha-methyl-3,4(methylenedioxy)phenethylamine, N-ethyl MDA, MDE, MDEA;

(L) N-hydroxy-3,4-methylenedioxyamphetamine, also known as N-hydroxy-alpha-methyl-3,4(methylenedioxy)phenethylamine, and N-hydroxy MDA;

(M) 3,4,5-trimethoxy amphetamine;

(N) Bufotenine, some trade and other names: 3-(β -Dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethylaminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N,N-dimethyltryptamine; mappine;

(O) Diethyltryptamine, some trade and other names: N,N-Diethyltryptamine; DET;

(P) Dimethyltryptamine, some trade or other names: DMT;

(Q) Ibogaine, some trade and other names: 7-Ethyl-6,6β ,7,8,9,10,12,13-octahydro-2-methoxy-6,9-methano-5H-pyrido [1', 2':1,2] azepino [5,4-b] indole; Tabernanthe iboga;

(R) Lysergic acid diethylamide;

(S) Marijuana;

(T) Mescaline;

(U) Parahexyl, some trade or other names: 3-Hexyl-1-hydroxy-7,8,9,10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl;

(V) Peyote, meaning all parts of the plant presently classified botanically as

Lophophora williamsii Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts (Interprets 21 USC 812(c), Schedule I(c) (12));

(W) N-ethyl-3-piperidyl benzilate;

(X) N-methyl-3-piperidyl benzilate;

(Y) Psilocybin;

(Z) Psilocyn;

(AA) Tetrahydrocannabinols, naturally contained in a plant of the genus Cannabis (cannabis plant), except for marijuana as defined in Subsection 58-37-2(1)(aa)(i)(E), as well as synthetic equivalents of the substances contained in the cannabis plant, or in the resinous extractives of Cannabis, sp. and/or synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activity to those substances contained in the plant, such as the following: Δ1 cis or trans tetrahydrocannabinol, and their optical isomers Δ6 cis or trans tetrahydrocannabinol, and their optical isomers Δ3,4 cis or trans tetrahydrocannabinol, and its optical isomers, and since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered;

(BB) Ethylamine analog of phencyclidine, some trade or other names: N-ethyl-1-phenylcyclohexylamine, (1-phenylcyclohexyl)ethylamine, N-(1-phenylcyclohexyl)ethylamine, cyclohexamine, PCE;

(CC) Pyrrolidine analog of phencyclidine, some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine, PCPy, PHP;

(DD) Thiophene analog of phencyclidine, some trade or other names: 1-[1-(2-thienyl)-cyclohexyl]-piperidine, 2-thienylanalog of phencyclidine, TPCP, TCP; and

(EE) 1-[1-(2-thienyl)cyclohexyl]pyrrolidine, some other names: TCPy.

(iv) Unless specifically excepted or unless listed in another schedule, any material compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers when the existence of the salts, isomers, and salts of isomers is possible within the specific chemical designation:

(A) Mecloqualone; and

(B) Methaqualone.

(v) Any material, compound, mixture, or preparation containing any quantity of the following substances having a stimulant effect on the central nervous system, including their salts, isomers, and salts of isomers:

(A) Aminorex, some other names: aminoxaphen; 2-amino-5-phenyl-2-oxazoline; or 4,5-dihydro-5-phenyl-2-oxazolamine;

(B) Cathinone, some trade or other names: 2-amino-1-phenyl-1-propanone, alpha-aminopropiophenone, 2-aminopropiophenone, and norephedrone;

(C) Fenethylline;

(D) Methcathinone, some other names: 2-(methylamino)-propiophenone; alpha-(methylamino)propiophenone; 2-(methylamino)-1-phenylpropan-1-one; alpha-N-methylaminopropiophenone; monomethylpropion; ephedrone; N-methylcathinone; methylcathinone; AL-464; AL-422; AL-463 and UR1432, its salts, optical isomers, and salts of optical isomers;

(E) (±)cis-4-methylaminorex ((±)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

(F) N-ethylamphetamine; and

(G) N,N-dimethylamphetamine, also known as N,N-alpha-trimethyl-benzeneethanamine; N,N-alpha-trimethylphenethylamine.

(vi) Any material, compound, mixture, or preparation which contains any quantity of the following substances, including their optical isomers, salts, and salts of isomers, subject to temporary emergency scheduling:

(A) N-[1-benzyl-4-piperidyl]-N-phenylpropanamide (benzylfentanyl); and

(B) N-[1- (2-thienyl)methyl-4-piperidyl]-N-phenylpropanamide (thenylfentanyl).

(vii) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of gamma hydroxy butyrate (gamma hydrobutyric acid), including its salts, isomers, and salts of isomers.

(b) Schedule II:

(i) Unless specifically excepted or unless listed in another schedule, any of the following substances whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(A) Opium and opiate, and any salt, compound, derivative, or preparation of

opium or opiate, excluding apomorphine, dextrorphan, nalbuphine, nalmefene, naloxone, and naltrexone, and their respective salts, but including:

(I) Raw opium;

(II) Opium extracts;

(III) Opium fluid;

(IV) Powdered opium;

(V) Granulated opium;

(VI) Tincture of opium;

(VII) Codeine;

(VIII) Ethylmorphine;

(IX) Etorphine hydrochloride;

(X) Hydrocodone;

(XI) Hydromorphone;

(XII) Metopon;

(XIII) Morphine;

(XIV) Oxycodone;

(XV) Oxymorphone; and

(XVI) Thebaine;

(B) Any salt, compound, derivative, or preparation which is chemically equivalent or identical with any of the substances referred to in Subsection (2)(b)(i)(A), except that these substances may not include the isoquinoline alkaloids of opium;

(C) Opium poppy and poppy straw;

(D) Coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, derivative, or preparation which is chemically equivalent or identical with any of these substances, and includes cocaine and ecgonine, their salts, isomers, derivatives, and salts of isomers and derivatives, whether derived from the coca plant or synthetically produced, except the substances may not include decocainized coca leaves or extraction of coca leaves, which extractions do not contain cocaine or ecgonine; and

(E) Concentrate of poppy straw, which means the crude extract of poppy straw in either liquid, solid, or powder form which contains the phenanthrene alkaloids of the opium poppy.

(ii) Unless specifically excepted or unless listed in another schedule, any of the

following [~~opiates~~] substances, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, when the existence of the isomers, esters, ethers, and salts is possible within the specific chemical designation, except dextrorphan and levopropoxyphene:

(A) Alfentanil;

(B) Alphaprodine;

(C) Anileridine;

(D) Bezitramide;

(E) Bulk dextropropoxyphene (nondosage forms);

(F) Carfentanil;

(G) Dihydrocodeine;

(H) Diphenoxylate;

(I) Fentanyl;

(J) Isomethadone;

(K) Levo-alphacetylmethadol, some other names: levo-alpha-acetylmethadol, levomethadyl acetate, or LAAM;

(L) Levomethorphan;

(M) Levorphanol;

(N) Metazocine;

(O) Methadone;

(P) Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenyl butane;

(Q) Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid;

(R) Pethidine (meperidine);

(S) Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine;

(T) Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate;

(U) Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;

(V) Phenazocine;

(W) Piminodine;

(X) Racemethorphan;

(Y) Racemorphan;

(Z) Remifentanil; and

(AA) Sufentanil.

(iii) Unless specifically excepted or unless listed in another schedule, any material,

compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

(A) Amphetamine, its salts, optical isomers, and salts of its optical isomers;

(B) Methamphetamine, its salts, isomers, and salts of its isomers;

(C) Phenmetrazine and its salts; and

(D) Methylphenidate.

(iv) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers when the existence of the salts, isomers, and salts of isomers is possible within the specific chemical designation:

(A) Amobarbital;

(B) Glutethimide;

(C) Pentobarbital;

(D) Phencyclidine;

(E) Phencyclidine immediate precursors: 1-phenylcyclohexylamine and 1-piperidinocyclohexanecarbonitrile (PCC); and

(F) Secobarbital.

(v)(A) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of Phenylacetone.

(B) Some of these substances may be known by trade or other names: phenyl-2-propanone; P2P; benzyl methyl ketone; and methyl benzyl ketone.

(vi) Nabilone, another name for nabilone: (±)-trans-3-(1,1-dimethylheptyl)-6,6a,7,8,10,10a-hexahydro-1-hydroxy-6, 6-dimethyl-9H-dibenzo[b,d]pyran-9-one.

(vii) A drug product or preparation that contains any component of marijuana, including tetrahydrocannabinol, and is approved by the United States Food and Drug Administration and scheduled by the Drug Enforcement Administration in Schedule II of the federal Controlled Substances Act, Title II, P.L. 91-513.

(c) Schedule III:

(i) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its

salts, isomers whether optical, position, or geometric, and salts of the isomers when the existence of the salts, isomers, and salts of isomers is possible within the specific chemical designation:

(A) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II, which compounds, mixtures, or preparations were listed on August 25, 1971, as excepted compounds under Section 1308.32 of Title 21 of the Code of Federal Regulations, and any other drug of the quantitive composition shown in that list for those drugs or which is the same except that it contains a lesser quantity of controlled substances;

(B) Benzphetamine;

(C) Chlorphentermine;

(D) Clortermine; and

(E) Phendimetrazine.

(ii) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:

(A) Any compound, mixture, or preparation containing amobarbital, secobarbital, pentobarbital, or any salt of any of them, and one or more other active medicinal ingredients which are not listed in any schedule;

(B) Any suppository dosage form containing amobarbital, secobarbital, or pentobarbital, or any salt of any of these drugs which is approved by the United States Food and Drug Administration for marketing only as a suppository;

(C) Any substance which contains any quantity of a derivative of barbituric acid or any salt of any of them;

(D) Chlorhexadol;

(E) Buprenorphine;

(F) Any drug product containing gamma hydroxybutyric acid, including its salts, isomers, and salts of isomers, for which an application is approved under the federal Food, Drug, and Cosmetic Act, Section 505;

(G) Ketamine, its salts, isomers, and salts of isomers, some other names for ketamine: ± -2-(2-chlorophenyl)-2-(methylamino)-cyclohexanone;

(H) Lysergic acid;

(I) Lysergic acid amide;

(J) Methyprylon;

(K) Sulfondiethylmethane;

(L) Sulfonethylmethane;

(M) Sulfonmethane; and

(N) Tiletamine and zolazepam or any of their salts, some trade or other names for a tiletamine-zolazepam combination product: Telazol, some trade or other names for tiletamine: 2-(ethylamino)-2-(2-thienyl)-cyclohexanone, some trade or other names for zolazepam: 4-(2-fluorophenyl)-6,8-dihydro-1,3,8-trimethylpyrazolo-[3,4-e] [1,4]-diazepin-7(1H)-one, flupyrazapon.

(iii) Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a U.S. Food and Drug Administration approved drug product, some other names for dronabinol: (6aR-trans)-6a,7,8,10a-tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo[b,d]pyran-1-ol, or (-)-delta-9-(trans)-tetrahydrocannabinol.

(iv) Nalorphine.

(v) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid:

(A) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(B) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active non-narcotic ingredients in recognized therapeutic amounts;

(C) Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;

(D) Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts;

(E) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active non-narcotic ingredients in recognized therapeutic amounts;

(F) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts;

(G) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts; and

(H) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams with one or more active, non-narcotic ingredients in recognized therapeutic amounts.

(vi) Unless specifically excepted or unless listed in another schedule, anabolic steroids including any of the following or any isomer, ester, salt, or derivative of the following that promotes muscle growth:

(A) Boldenone;

(B) Chlorotestosterone (4-chlortestosterone);

(C) Clostebol;

(D) Dehydrochlormethyltestosterone;

(E) Dihydrotestosterone (4-dihydrotestosterone);

(F) Drostanolone;

(G) Ethylestrenol;

(H) Fluoxymesterone;

(I) Formebulone (formebolone);

(J) Mesterolone;

(K) Methandienone;

(L) Methandranone;

(M) Methandriol;

(N) Methandrostenolone;

(O) Methenolone;

(P) Methyltestosterone;

(Q) Mibolerone;

(R) Nandrolone;

(S) Norethandrolone;

(T) Oxandrolone;

(U) Oxymesterone;

(V) Oxymetholone;

(W) Stanolone;

(X) Stanozolol;

(Y) Testolactone;

(Z) Testosterone; and

(AA) Trenbolone.

(vii) Anabolic steroids expressly intended for administration through implants to cattle or other nonhuman species, and approved by the Secretary of Health and Human Services for use, may not be classified as a controlled substance.

(viii) A drug product or preparation that contains any component of marijuana, including tetrahydrocannabinol, and is approved by the United States Food and Drug Administration and scheduled by the Drug Enforcement Administration in Schedule III of the federal Controlled Substances Act, Title II, P.L. 91-513.

(ix) Nabiximols.

(d) Schedule IV:

(i) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit, or any salts of any of them.

(ii) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers when the existence of the salts, isomers, and salts of isomers is possible within the specific chemical designation:

(A) Alprazolam;

(B) Barbital;

(C) Bromazepam;

(D) Butorphanol;

(E) Camazepam;

(F) Carisoprodol;

(G) Chloral betaine;

(H) Chloral hydrate;

(I) Chlordiazepoxide;

(J) Clobazam;

(K) Clonazepam;

(L) Clorazepate;

(M) Clotiazepam;

(N) Cloxazolam;

(O) Delorazepam;

(P) Diazepam;

(Q) Dichloralphenazone;

(R) Estazolam;

(S) Ethchlorvynol;

(T) Ethinamate;

(U) Ethyl loflazepate;

(V) Fludiazepam;

(W) Flunitrazepam;

(X) Flurazepam;

(Y) Halazepam;

(Z) Haloxazolam;

(AA) Ketazolam;

(BB) Loprazolam;

(CC) Lorazepam;

(DD) Lormetazepam;

(EE) Mebutamate;

(FF) Medazepam;

(GG) Meprobamate;

(HH) Methohexital;

(II) Methylphenobarbital (mephobarbital);

(JJ) Midazolam;

(KK) Nimetazepam;

(LL) Nitrazepam;

(MM) Nordiazepam;

(NN) Oxazepam;

(OO) Oxazolam;

(PP) Paraldehyde;

(QQ) Pentazocine;

(RR) Petrichloral;

(SS) Phenobarbital;

(TT) Pinazepam;

(UU) Prazepam;

(VV) Quazepam;

(WW) Temazepam;

(XX) Tetrazepam;

(YY) Tramadol;

(ZZ) Triazolam;

(AAA) Zaleplon; and

(BBB) Zolpidem.

(iii) Any material, compound, mixture, or preparation of fenfluramine which contains any quantity of the following substances, including its salts, isomers whether optical, position, or geometric, and salts of the isomers when the existence of the salts, isomers, and salts of isomers is possible.

(iv) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers whether optical, position, or geometric isomers, and salts of the isomers when the existence of the salts, isomers, and salts of isomers is possible within the specific chemical designation:

(A) Cathine ((+)-norpseudoephedrine);

(B) Diethylpropion;

(C) Fencamfamine;

(D) Fenproprex;

(E) Mazindol;

(F) Mefenorex;

(G) Modafinil;

(H) Pemoline, including organometallic complexes and chelates thereof;

(I) Phentermine;

(J) Pipradrol;

(K) Sibutramine; and

(L) SPA ((-)-1-dimethylamino-1,2-diphenylethane).

(v) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of dextropropoxyphene (alpha-(+)-4-dimethylamino-1,

2-diphenyl-3-methyl-2-propionoxybutane), including its salts.

(vi) A drug product or preparation that contains any component of marijuana and is approved by the United States Food and Drug Administration and scheduled by the Drug Enforcement Administration in Schedule IV of the federal Controlled Substances Act, Title II, P.L. 91-513.

(e) Schedule V:

(i) Any compound, mixture, or preparation containing any of the following limited quantities of narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, which includes one or more non-narcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation valuable medicinal qualities other than those possessed by the narcotic drug alone:

(A) not more than 200 milligrams of codeine per 100 milliliters or per 100 grams;

(B) not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams;

(C) not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams;

(D) not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;

(E) not more than 100 milligrams of opium per 100 milliliters or per 100 grams;

(F) not more than 0.5 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit; and

(G) unless specifically exempted or excluded or unless listed in another schedule, any material, compound, mixture, or preparation which contains Pyrovalerone having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers.

(ii) A drug product or preparation that contains any component of marijuana, including cannabidiol, and is approved by the United States Food and Drug Administration and scheduled by the Drug Enforcement Administration in Schedule V of the federal Controlled Substances Act, Title II, P.L. 91-513.

(iii) Gabapentin.

Section 19. Section **58-37-6** is amended to read:

58-37-6 (Effective 05/06/26) (Partially Repealed 07/01/32). License to manufacture, produce, distribute, dispense, administer, or conduct research -- Issuance by division -- Denial, suspension, or revocation -- Records required -- Prescriptions.

(1)(a) The division may adopt rules relating to the licensing and control of the manufacture, distribution, production, prescription, administration, dispensing, conducting of research with, and performing of laboratory analysis upon controlled substances within this state.

(b) The division may assess reasonable fees to defray the cost of issuing original and renewal licenses under this chapter [~~pursuant to~~] in accordance with Section 63J-1-504.

(2)(a)(i) Every person who manufactures, produces, distributes, prescribes, dispenses, administers, conducts research with, or performs laboratory analysis upon any controlled substance in Schedules I through V within this state, or who proposes to engage in manufacturing, producing, distributing, prescribing, dispensing, administering, conducting research with, or performing laboratory analysis upon controlled substances included in Schedules I through V within this state shall obtain a license issued by the division.

(ii) The division shall issue each license under this chapter in accordance with a two-year renewal cycle established by rule. The division may by rule extend or shorten a renewal period by as much as one year to stagger the renewal cycles it administers.

(b) Persons licensed to manufacture, produce, distribute, prescribe, dispense, administer, conduct research with, or perform laboratory analysis upon controlled substances in Schedules I through V within this state may possess, manufacture, produce, distribute, prescribe, dispense, administer, conduct research with, or perform laboratory analysis upon those substances to the extent authorized by their license and in conformity with this chapter.

(c) The following persons are not required to obtain a license and may lawfully possess controlled substances included in Schedules II through V under this section:

(i) an agent or employee, except a sales representative, of any registered manufacturer, distributor, or dispenser of any controlled substance, if the agent or employee is acting in the usual course of the agent or employee's business or employment; however, nothing in this subsection shall be interpreted to permit an agent, employee, sales representative, or detail man to maintain an inventory of controlled substances separate from the location of the person's employer's registered and licensed place of business;

(ii) a motor carrier or warehouseman, or an employee of a motor carrier or warehouseman, who possesses a controlled substance in the usual course of the

person's business or employment; and

(iii) an ultimate user, or a person who possesses any controlled substance pursuant to a lawful order of a practitioner.

(d) The division may enact rules waiving the license requirement for certain manufacturers, producers, distributors, prescribers, dispensers, administrators, research practitioners, or laboratories performing analysis if waiving the license requirement is consistent with public health and safety.

(e) A separate license is required at each principal place of business or professional practice where the applicant manufactures, produces, distributes, dispenses, conducts research with, or performs laboratory analysis upon controlled substances.

(f) The division may enact rules providing for the inspection of a licensee or applicant's establishment, and may inspect the establishment according to those rules.

(3)(a)(i) Upon proper application, the division shall license a qualified applicant to manufacture, produce, distribute, conduct research with, or perform laboratory analysis upon controlled substances included in Schedules I through V, unless it determines that issuance of a license is inconsistent with the public interest.

(ii) The division may not issue a license to any person to prescribe, dispense, or administer a Schedule I controlled substance except under Subsection (3)(a)(i).

(iii) In determining public interest under this Subsection (3)(a), the division shall consider whether the applicant has:

(A) maintained effective controls against diversion of controlled substances and any Schedule I or II substance compounded from any controlled substance into channels other than legitimate medical, scientific, or industrial channels;

(B) complied with applicable state and local law;

(C) been convicted under federal or state laws relating to the manufacture, distribution, or dispensing of substances;

(D) past experience in the manufacture of controlled dangerous substances;

(E) established effective controls against diversion; and

(F) complied with any other factors that the division establishes that promote the public health and safety.

(b) Licenses granted under Subsection (3)(a) do not entitle a licensee to manufacture, produce, distribute, conduct research with, or perform laboratory analysis upon controlled substances in Schedule I other than those specified in the license.

(c)(i) Practitioners shall be licensed to administer, dispense, or conduct research with

substances in Schedules II through V if they are authorized to administer, dispense, or conduct research under the laws of this state.

(ii) The division need not require a separate license for practitioners engaging in research with nonnarcotic controlled substances in Schedules II through V where the licensee is already licensed under this chapter in another capacity.

(iii) With respect to research involving narcotic substances in Schedules II through V, or where the division by rule requires a separate license for research of nonnarcotic substances in Schedules II through V, a practitioner shall apply to the division prior to conducting research.

(iv) Licensing for purposes of bona fide research with controlled substances by a practitioner considered qualified may be denied only on a ground specified in Subsection (4), or upon evidence that the applicant will abuse or unlawfully transfer or fail to safeguard adequately the practitioner's supply of substances against diversion from medical or scientific use.

(v) Practitioners registered under federal law to conduct research in Schedule I substances may conduct research in Schedule I substances within this state upon providing the division with evidence of federal registration.

(d) Compliance by manufacturers, producers, and distributors with the provisions of federal law respecting registration, excluding fees, entitles them to be licensed under this chapter.

(e) The division shall initially license those persons who own or operate an establishment engaged in the manufacture, production, distribution, dispensation, or administration of controlled substances prior to April 3, 1980, and who are licensed by the state.

(4)(a) Any license issued [~~pursuant to~~] in accordance with Subsection (2) or (3) may be denied, suspended, placed on probation, or revoked by the division upon finding that the applicant or licensee has:

(i) materially falsified any application filed or required pursuant to this chapter;

(ii) been convicted of an offense under this chapter or any law of the United States, or any state, relating to any substance defined as a controlled substance;

(iii) been convicted of a felony under any other law of the United States or any state within five years of the date of the issuance of the license;

(iv) had a federal registration or license denied, suspended, or revoked by competent federal authority and is no longer authorized to manufacture, distribute, prescribe,

or dispense controlled substances;

(v) had the licensee's license suspended or revoked by competent authority of another state for violation of laws or regulations comparable to those of this state relating to the manufacture, distribution, or dispensing of controlled substances;

(vi) violated any division rule that reflects adversely on the licensee's reliability and integrity with respect to controlled substances;

(vii) refused inspection of records required to be maintained under this chapter by a person authorized to inspect them; or

(viii) prescribed, dispensed, administered, or injected an anabolic steroid for the purpose of manipulating human hormonal structure so as to:

(A) increase muscle mass, strength, or weight without medical necessity and without a written prescription by any practitioner in the course of the practitioner's professional practice; or

(B) improve performance in any form of human exercise, sport, or game.

(b) The division may limit revocation or suspension of a license to a particular controlled substance with respect to which grounds for revocation or suspension exist.

(c)(i) Proceedings to deny, revoke, or suspend a license shall be conducted [~~pursuant to~~] in accordance with this section and in accordance with the procedures set forth in Title 58, Chapter 1, Division of Professional Licensing Act, and conducted in conjunction with the appropriate representative committee designated by the director of the department.

(ii) Nothing in this Subsection (4)(c) gives the Division of Professional Licensing exclusive authority in proceedings to deny, revoke, or suspend licenses, except where the division is designated by law to perform those functions, or, when not designated by law, is designated by the executive director of the Department of Commerce to conduct the proceedings.

(d)(i) The division may suspend any license simultaneously with the institution of proceedings under this section if it finds there is an imminent danger to the public health or safety.

(ii) Suspension shall continue in effect until the conclusion of proceedings, including judicial review, unless withdrawn by the division or dissolved by a court of competent jurisdiction.

(e)(i) If a license is suspended or revoked under this Subsection (4), all controlled substances owned or possessed by the licensee may be placed under seal in the

discretion of the division.

(ii) Disposition may not be made of substances under seal until the time for taking an appeal has lapsed, or until all appeals have been concluded, unless a court, upon application, orders the sale of perishable substances and the proceeds deposited with the court.

(iii) If a revocation order becomes final, all controlled substances shall be forfeited.

(f) The division shall notify promptly the United States Drug Enforcement Administration of all orders suspending or revoking a license and all forfeitures of controlled substances.

(g) If an individual's United States Drug Enforcement Administration registration is denied, revoked, surrendered, or suspended, the division shall immediately suspend the individual's controlled substance license, which shall only be reinstated by the division upon reinstatement of the federal registration, unless the division has taken further administrative action under Subsection (4)(a)(iv), which would be grounds for the continued denial of the controlled substance license.

(5)(a) A person licensed under Subsection (2) or (3) shall maintain records and inventories in conformance with the record keeping and inventory requirements of federal and state law and any additional rules issued by the division.

(b)(i) A physician, dentist, naturopathic physician, veterinarian, practitioner, or other individual who is authorized to administer or professionally use a controlled substance shall keep a record of the drugs received by the individual and a record of all drugs administered, dispensed, or professionally used by the individual otherwise than by a prescription.

(ii) An individual using small quantities or solutions or other preparations of those drugs for local application has complied with this Subsection (5)(b) if the individual keeps a record of the quantity, character, and potency of those solutions or preparations purchased or prepared by the individual, and of the dates when purchased or prepared.

(6) Controlled substances in Schedules I through V may be distributed only by a licensee and pursuant to an order form prepared in compliance with division rules or a lawful order under the rules and regulations of the United States.

(7)(a) An individual may not write or authorize a prescription for a controlled substance unless the individual is:

(i) a practitioner authorized to prescribe drugs and medicine under the laws of this

state or under the laws of another state having similar standards; and

(ii) licensed under this chapter or under the laws of another state having similar standards.

(b) An individual other than a pharmacist licensed under the laws of this state, or the pharmacist's licensed intern, as required by Sections 58-17b-303 and 58-17b-304, may not dispense a controlled substance.

(c)(i) A controlled substance may not be dispensed without the written prescription of a practitioner, if the written prescription is required by the federal Controlled Substances Act.

(ii) [~~That~~] The written prescription described in Subsection (7)(c)(i) shall be made in accordance with Subsection (7)(a) and in conformity with Subsection (7)(d).

(iii) In emergency situations, as defined by division rule, controlled substances may be dispensed upon oral prescription of a practitioner, if reduced promptly to writing on forms designated by the division and filed by the pharmacy.

(iv) Prescriptions reduced to writing by a pharmacist shall be in conformity with Subsection (7)(d).

(d) Except for emergency situations designated by the division, an individual may not issue, fill, compound, or dispense a prescription for a controlled substance unless the prescription is signed by the prescriber in ink or indelible pencil or is signed with an electronic signature of the prescriber as authorized by division rule, and contains the following information:

(i) the name, address, and registry number of the prescriber;

(ii) the name, address, and age of the person to whom or for whom the prescription is issued;

(iii) the date of issuance of the prescription; and

(iv) the name, quantity, and specific directions for use by the ultimate user of the controlled substance.

(e) A prescription may not be written, issued, filled, or dispensed for a Schedule I controlled substance unless:

(i) the individual who writes the prescription is licensed under Subsection (2); and

(ii) the prescribed controlled substance is to be used in research.

(f) Except when administered directly to an ultimate user by a licensed practitioner, controlled substances are subject to the restrictions of this Subsection (7)(f).

(i) A prescription for a Schedule II substance may not be refilled.

(ii) A Schedule II controlled substance may not be filled in a quantity to exceed a one-month's supply, as directed on the daily dosage rate of the prescriptions.

(iii)(A) A prescription for a Schedule II or Schedule III controlled substance that is an [~~opiate~~] opioid-like substance and that is issued for an acute condition shall be completely or partially filled in a quantity not to exceed a seven-day supply as directed on the daily dosage rate of the prescription.

(B) Subsection (7)(f)(iii)(A) does not apply to prescriptions issued for complex or chronic conditions which are documented as being complex or chronic in the medical record.

(C) A pharmacist is not required to verify that a prescription is in compliance with this Subsection (7)(f)(iii).

(iv) A Schedule III or IV controlled substance may be filled only within six months of issuance, and may not be refilled more than six months after the date of its original issuance or be refilled more than five times after the date of the prescription unless renewed by the practitioner.

(v) All other controlled substances in Schedule V may be refilled as the prescriber's prescription directs, but they may not be refilled one year after the date the prescription was issued unless renewed by the practitioner.

(vi) Any prescription for a Schedule II substance may not be dispensed if it is not presented to a pharmacist for dispensing by a pharmacist or a pharmacy intern within 30 days after the date the prescription was issued, or 30 days after the dispensing date, if that date is specified separately from the date of issue.

(vii) A practitioner may issue more than one prescription at the same time for the same Schedule II controlled substance, but only under the following conditions:

(A) no more than three prescriptions for the same Schedule II controlled substance may be issued at the same time;

(B) no one prescription may exceed a 30-day supply; and

(C) a second or third prescription shall include the date of issuance and the date for dispensing.

(g) An order for a controlled substance in Schedules II through V for use by an inpatient or an outpatient of a licensed hospital is exempt from all requirements of this Subsection (7) if the order is:

(i) issued or made by a prescribing practitioner who holds an unrestricted registration with the [~~federal~~] United States Drug Enforcement Administration, and an active

Utah controlled substance license in good standing issued by the division under this section, or a medical resident who is exempted from licensure under Subsection 58-1-307(1)(c);

(ii) authorized by the prescribing practitioner treating the patient and the prescribing practitioner designates the quantity ordered;

(iii) entered upon the record of the patient, the record is signed by the prescriber affirming the prescriber's authorization of the order within 48 hours after filling or administering the order, and the patient's record reflects the quantity actually administered; and

(iv) filled and dispensed by a pharmacist practicing the pharmacist's profession within the physical structure of the hospital, or the order is taken from a supply lawfully maintained by the hospital and the amount taken from the supply is administered directly to the patient authorized to receive it.

(h) A practitioner licensed under this chapter may not prescribe, administer, or dispense a controlled substance to a child, without first obtaining the consent required in Section 78B-3-406 of a parent, guardian, or person standing in loco parentis of the child except in cases of an emergency. For purposes of Subsection (7)(h), "child" has the same meaning as defined in Section 80-1-102, and "emergency" means any physical condition requiring the administration of a controlled substance for immediate relief of pain or suffering.

(i) A practitioner licensed under this chapter may not prescribe or administer dosages of a controlled substance in excess of medically recognized quantities necessary to treat the ailment, malady, or condition of the ultimate user.

(j) A practitioner licensed under this chapter may not prescribe, administer, or dispense any controlled substance to another person knowing that the other person is using a false name, address, or other personal information for the purpose of securing the controlled substance.

(k) A person who is licensed under this chapter to manufacture, distribute, or dispense a controlled substance may not manufacture, distribute, or dispense a controlled substance to another licensee or any other authorized person not authorized by this license.

(l) A person licensed under this chapter may not omit, remove, alter, or obliterate a symbol required by this chapter or by a rule issued under this chapter.

(m) A person licensed under this chapter may not refuse or fail to make, keep, or furnish

any record notification, order form, statement, invoice, or information required under this chapter.

(n) A person licensed under this chapter may not refuse entry into any premises for inspection as authorized by this chapter.

(o) A person licensed under this chapter may not furnish false or fraudulent material information in any application, report, or other document required to be kept by this chapter or willfully make any false statement in any prescription, order, report, or record required by this chapter.

(8)(a)(i) Any person licensed under this chapter who is found by the division to have violated any of the provisions of Subsections (7)(k) through (o) or Subsection (10) is subject to a penalty not to exceed $5,000. The division shall determine the procedure for adjudication of any violations in accordance with Sections 58-1-106 and 58-1-108.

(ii) The division shall deposit all penalties collected under Subsection (8)(a)(i) into the General Fund as a dedicated credit to be used by the division under Subsection 58-37f-502(1).

(iii) The director may collect a penalty that is not paid by:

(A) referring the matter to a collection agency; or

(B) bringing an action in the district court of the county where the person against whom the penalty is imposed resides or in the county where the office of the director is located.

(iv) A county attorney or the attorney general of the state shall provide legal assistance and advice to the director in an action to collect a penalty.

(v) A court shall award reasonable attorney fees and costs to the prevailing party in an action brought by the division to collect a penalty.

(b) Any person who knowingly and intentionally violates Subsections (7)(h) through (j) or Subsection (10) is:

(i) upon first conviction, guilty of a class B misdemeanor;

(ii) upon second conviction, guilty of a class A misdemeanor; and

(iii) on third or subsequent conviction, guilty of a third degree felony.

(c) Any person who knowingly and intentionally violates Subsections (7)(k) through (o) shall upon conviction be guilty of a third degree felony.

(9) Any information communicated to any licensed practitioner in an attempt to unlawfully procure, or to procure the administration of, a controlled substance is not considered to

be a privileged communication.

(10) A person holding a valid license under this chapter who is engaged in medical research may produce, possess, administer, prescribe, or dispense a controlled substance for research purposes as licensed under Subsection (2) but may not otherwise prescribe or dispense a controlled substance listed in Section 58-37-4.2.

(11)(a) As used in this Subsection (11):

(i) "Database" means the controlled substance database created in Section 58-37f-201.

(ii) "High risk prescription" means a prescription for an [~~opiate~~] opioid-like substance or a benzodiazepine that is written to continue for longer than 30 consecutive days.

[~~(ii) "Database" means the controlled substance database created in Section 58-37f-201.~~]

(b) A practitioner who issues a high risk prescription to a patient shall, before issuing the high risk prescription to the patient, verify in the database that the patient does not have a high risk prescription from a different practitioner that is currently active.

(c) If the database shows that the patient has received a high risk prescription that is currently active from a different practitioner, the practitioner may not issue a high risk prescription to the patient unless the practitioner:

(i) contacts and consults with each practitioner who issued a high risk prescription that is currently active to the patient;

(ii) documents in the patient's medical record that the practitioner made contact with each practitioner in accordance with Subsection (11)(c)(i); and

(iii) documents in the patient's medical record the reason why the practitioner believes that the patient needs multiple high risk prescriptions from different practitioners.

(d) A practitioner shall satisfy the requirement described in Subsection (11)(c) in a timely manner, which may be after the practitioner issues the high risk prescription to the patient.

Section 20. Section **58-37-7** is amended to read:

58-37-7 (Effective 05/06/26). Labeling and packaging controlled substance -- Informational pamphlet for opioid-like substances -- Naloxone education and offer to dispense.

(1) A person licensed pursuant to this act may not distribute a controlled substance unless it is packaged and labeled in compliance with the requirements of Section 305 of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970.

(2) No person except a pharmacist for the purpose of filling a prescription shall alter, deface, or remove any label affixed by the manufacturer.

(3) Whenever a pharmacy sells or dispenses any controlled substance on a prescription issued by a practitioner, the pharmacy shall affix to the container in which the substance is sold or dispensed:

(a) a label showing the:

(i) pharmacy name and address;

(ii) serial number; and

(iii) date of initial filling;

(b) the prescription number, the name of the patient, or if the patient is an animal, the name of the owner of the animal and the species of the animal;

(c) the name of the practitioner by whom the prescription was written;

(d) any directions stated on the prescription; and

(e) any directions required by rules and regulations promulgated by the department.

(4) Whenever a pharmacy sells or dispenses a Schedule II or Schedule III controlled substance that is an [~~opiate~~] opioid-like substance, the pharmacy shall:

(a) affix a warning to the container or the lid for the container in which the substance is sold or dispensed that contains the following text:

(i) "Caution: Opioid. Risk of overdose and addiction"; or

(ii) any other language that is approved by the Department of Health and Human Services;

(b) beginning January 1, 2024:

(i) offer to counsel the patient or the patient's representative on the use and availability of an [~~opiate~~] opioid antagonist as defined in Section 26B-4-501; and

(ii) offer to dispense an [~~opiate~~] opioid antagonist as defined in Section 26B-4-501 to the patient or the patient's representative, under a prescription from a practitioner or under Section 26B-4-510, if the patient:

(A) receives a single prescription for 50 morphine milligram equivalents or more per day, calculated in accordance with guidelines developed by the United States Centers for Disease Control and Prevention;

(B) is being dispensed an [~~opioid~~] opioid-like substance and the pharmacy dispensed a benzodiazepine to the patient in the previous 30 day period; or

(C) is being dispensed a benzodiazepine and the pharmacy dispensed an [~~opioid~~] opioid-like substance to the patient in the previous 30 day period.

(5)(a) A pharmacy who sells or dispenses a Schedule II or Schedule III controlled substance that is an [~~opiate~~] opioid-like substance shall, if available from the Department of Health and Human Services, prominently display at the point of sale the informational pamphlet developed by the Department of Health and Human Services under Section 26B-4-514.

(b) The board and the Department of Health and Human Services shall encourage pharmacies to use the informational pamphlet to engage in patient counseling regarding the risks associated with taking [~~opiates~~] opioid-like substances.

(c) The requirement in Subsection (5)(a) does not apply to a pharmacy if the pharmacy is unable to obtain the informational pamphlet from the Department of Health and Human Services for any reason.

(6) A person may not alter the face or remove any label so long as any of the original contents remain.

(7)(a) An individual to whom or for whose use any controlled substance has been prescribed, sold, or dispensed by a practitioner and the owner of any animal for which any controlled substance has been prescribed, sold, or dispensed by a veterinarian may lawfully possess it only in the container in which it was delivered to the individual by the person selling or dispensing it.

(b) It is a defense to a prosecution under this subsection that the person being prosecuted produces in court a valid prescription for the controlled substance or the original container with the label attached.

Section 21. Section **58-37-8.2** is amended to read:

58-37-8.2 (Effective 05/06/26). Duty to report drug diversion.

(1) As used in this section:

(a) "Diversion" means a practitioner's transfer of a significant amount of drugs to another individual for an unlawful purpose.

(b) "Drug" means a Schedule II or Schedule III controlled substance, as defined in Section 58-37-4, that is an [~~opiate~~] opioid-like substance.

(c) "HIPAA" means the same as that term is defined in Section 26B-3-126.

(d) "[~~Opiate~~] Opioid-like substance" means the same as that term is defined in Section 58-37-2.

(e) "Practitioner" means an individual:

(i) licensed, registered, or otherwise authorized by the appropriate jurisdiction to administer, dispense, distribute, or prescribe a drug in the course of professional

practice; or

(ii) employed by a person who is licensed, registered, or otherwise authorized by the appropriate jurisdiction to administer, dispense, distribute, or prescribe a drug in the course of professional practice or standard operations.

(f) "Significant amount" means an aggregate amount equal to, or more than, 500 morphine milligram equivalents calculated in accordance with guidelines developed by the United States Centers for Disease Control and Prevention.

(2) An individual is guilty of a class B misdemeanor if the individual:

(a) knows that a practitioner is involved in diversion; and

(b) knowingly fails to report the diversion to a peace officer or law enforcement agency.

(3) Subsection (2) does not apply to the extent that an individual is prohibited from reporting by 42 C.F.R. Part 2 or HIPAA.

Section 22. Section **58-37-19** is amended to read:

58-37-19 (Effective 05/06/26). Opioid-like substance prescription consultation -- Prescription for opioid antagonist required.

(1) As used in this section:

(a) "Initial [~~opiate~~] opioid-like substance prescription" means a prescription for an [~~opiate~~] opioid-like substance to a patient who:

(i) has never previously been issued a prescription for an [~~opiate~~] opioid-like substance; or

(ii) was previously issued a prescription for an [~~opiate~~] opioid-like substance, but the date on which the current prescription is being issued is more than one year after the date on which an [~~opiate~~] opioid-like substance was previously prescribed or administered to the patient.

(b) "[~~Opiate~~] Opioid antagonist" means the same as that term is defined in Section 26B-4-501.

(c) "Prescriber" means an individual authorized to prescribe a controlled substance under this chapter.

(2) Except as provided in Subsection (3), a prescriber may not issue an initial [~~opiate~~] opioid-like substance prescription without discussing with the patient, or the patient's parent or guardian if the patient is under 18 years old and is not an emancipated minor:

(a) the risks of addiction and overdose associated with [~~opiate drugs~~] opioid-like substances;

(b) the dangers of taking [~~opiates~~] opioid-like substances with alcohol, benzodiazepines,

and other central nervous system depressants;

(c) the reasons why the prescription is necessary;

(d) alternative treatments that may be available; and

(e) other risks associated with the use of the drugs being prescribed.

(3) Subsection (2) does not apply to a prescription for:

(a) a patient who is currently in active treatment for cancer;

(b) a patient who is receiving hospice care from a licensed hospice as defined in Section 26B-2-201; or

(c) a medication that is being prescribed to a patient for the treatment of the patient's substance abuse or [~~opiate~~] opioid-like substance dependence.

(4)(a) Beginning January 1, 2024, a prescriber shall offer to prescribe or dispense an [~~opiate~~] opioid antagonist to a patient if the patient receives an initial [~~opiate~~] opioid-like substance prescription for:

(i) 50 morphine milligram equivalents or more per day, calculated in accordance with guidelines developed by the United States Centers for Disease Control and Prevention; or

(ii) any [~~opiate~~] opioid-like substance if the practitioner is also prescribing a benzodiazepine to the patient.

(b) Subsection (4)(a) does not apply if the initial [~~opiate~~] opioid-like substance prescription:

(i) is administered directly to an ultimate user by a licensed practitioner; or

(ii) is for a three-day supply or less.

(c) This Subsection (4) does not require a patient to purchase or obtain an [~~opiate~~] opioid antagonist as a condition of receiving the patient's initial [~~opiate~~] opioid-like substance prescription.

The following section is affected by a coordination clause at the end of this bill.

Section 23. Section **58-67-702** is amended to read:

58-67-702 (Effective 05/06/26). Opioid antagonist -- Exclusion from unlawful or unprofessional conduct.

(1) As used in this section:

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

(b) "Increased risk" means the same as that term is defined in Section 26B-4-501.

(c) "[~~Opiate~~] Opioid antagonist" means the same as that term is defined in Section 26B-4-501.

(d) "[~~Opiate-related~~] Opioid-related drug overdose event" means the same as that term is defined in Section 26B-4-501.

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

(2) The prescribing or dispensing of an [~~opiate~~] opioid antagonist by a licensee under this chapter is not unprofessional or unlawful conduct if the licensee prescribed or dispensed the [~~opiate~~] opioid antagonist:

(a) in a good faith effort to assist:

(i) an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event; or

(ii) a family member of, friend of, or other person, including a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event; or

(b) to an overdose outreach provider [~~pursuant to~~] in accordance with Subsection 26B-4-509(2)(a)(iii).

(3) The provisions of this section and Title 26B, Chapter 4, Part 5, Treatment Access, do not establish a duty or standard of care in the prescribing, dispensing, or administration of an [~~opiate~~] opioid antagonist.

The following section is affected by a coordination clause at the end of this bill.

Section 24. Section **58-68-702** is amended to read:

58-68-702 (Effective 05/06/26). Opioid antagonist -- Exclusion from unlawful or unprofessional conduct.

(1) As used in this section:

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

(b) "Increased risk" means the same as that term is defined in Section 26B-4-501.

(c) "[~~Opiate~~] Opioid antagonist" means the same as that term is defined in Section 26B-4-501.

(d) "[~~Opiate-related~~] Opioid-related drug overdose event" means the same as that term is defined in Section 26B-4-501.

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

(2) The prescribing or dispensing of an [~~opiate~~] opioid antagonist by a licensee under this chapter is not unprofessional or unlawful conduct if the licensee prescribed or dispensed the [~~opiate~~] opioid antagonist:

(a) in a good faith effort to assist:

(i) an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event; or

(ii) a family member of, friend of, or other person, including a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event; or

(b) to an overdose outreach provider [~~pursuant to~~] in accordance with Subsection 26B-4-509(2)(a)(iii).

(3) The provisions of this section and Title 26B, Chapter 4, Part 5, Treatment Access, do not establish a duty or standard of care in the prescribing, dispensing, or administration of an [~~opiate~~] opioid antagonist.

The following section is affected by a coordination clause at the end of this bill.

Section 25. Section **58-69-702** is amended to read:

58-69-702 (Effective 05/06/26). Opioid antagonist -- Exclusion from unlawful or unprofessional conduct.

(1) As used in this section:

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

(b) "Increased risk" means the same as that term is defined in Section 26B-4-501.

(c) "[~~Opiate~~] Opioid antagonist" means the same as that term is defined in Section 26B-4-501.

(d) "[~~Opiate-related~~] Opioid-related drug overdose event" means the same as that term is defined in Section 26B-4-501.

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

(2) The prescribing or dispensing of an [~~opiate~~] opioid antagonist by an individual licensed under this chapter to engage in the practice of dentistry is not unprofessional or unlawful conduct if the licensee prescribed or dispensed the [~~opiate~~] opioid antagonist:

(a) in a good faith effort to assist:

(i) an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event; or

(ii) a family member of, friend of, or other person, including a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event; or

(b) to an overdose outreach provider [~~pursuant to~~] in accordance with Subsection

26B-4-509(2)(a)(iii).

(3) The provisions of this section and Title 26B, Chapter 4, Part 5, Treatment Access, do not establish a duty or standard of care in the prescribing, dispensing, or administration of an [~~opiate~~] opioid antagonist.

The following section is affected by a coordination clause at the end of this bill.

Section 26. Section **58-70a-505** is amended to read:

58-70a-505 (Effective 05/06/26). Opioid antagonist -- Exclusion from unlawful or unprofessional conduct.

(1) As used in this section:

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

(b) "Increased risk" means the same as that term is defined in Section 26B-4-501.

(c) "[~~Opiate~~] Opioid antagonist" means the same as that term is defined in Section 26B-4-501.

(d) "[~~Opiate-related~~] Opioid-related drug overdose event" means the same as that term is defined in Section 26B-4-501.

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

(2) The prescribing or dispensing of an [~~opiate~~] opioid antagonist by a licensee under this chapter is not unprofessional or unlawful conduct if the licensee prescribed or dispensed the [~~opiate~~] opioid antagonist:

(a) in a good faith effort to assist:

(i) an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event; or

(ii) a family member of, friend of, or other person, including a person described in Subsections 26B-4-512(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist an individual who is at increased risk of experiencing an [~~opiate-related~~] opioid-related drug overdose event; or

(b) to an overdose outreach provider [~~pursuant to~~] in accordance with Subsection 26B-4-509(2)(a)(iii).

(3) The provisions of this section and Title 26B, Chapter 4, Part 5, Treatment Access, do not establish a duty or standard of care in the prescribing, dispensing, or administration of an [~~opiate~~] opioid antagonist.

Section 27. Section **63I-1-258** is amended to read:

63I-1-258 (Effective 05/06/26). Repeal dates: Title 58.

(1) Title 58, Chapter 13, Health Care Providers Immunity from Liability Act, is repealed

July 1, 2026.

(2) Title 58, Chapter 15, Health Facility Administrator Act, is repealed July 1, 2035.

(3) Title 58, Chapter 20b, Environmental Health Scientist Act, is repealed July 1, 2028.

(4) Section 58-37-3.5, Drugs for behavioral health treatment, is repealed July 1, 2027.

(5) Subsection 58-37-6(7)(f)(iii), regarding a seven-day [~~opiate~~] opioid-like substance supply restriction, is repealed July 1, 2032.

(6) Title 58, Chapter 40, Recreational Therapy Practice Act, is repealed July 1, 2033.

(7) Title 58, Chapter 41, Speech-Language Pathology and Audiology Licensing Act, is repealed July 1, 2029.

(8) Title 58, Chapter 46a, Hearing Instrument Specialist Licensing Act, is repealed July 1, 2033.

(9) Title 58, Chapter 47b, Massage Therapy Practice Act, is repealed July 1, 2034.

(10) Subsection 58-47b-102(8), defining massage assistant, is repealed July 1, 2029.

(11) Subsection 58-47b-102(9), defining massage assistant-in-training, is repealed July 1, 2029.

(12) Subsection 58-47b-302(1), regarding applicant for a massage assistant-in-training, is repealed July 1, 2029.

(13) Subsection 58-47b-302(2), regarding applicant for a massage assistant, is repealed July 1, 2029.

(14) Subsection 58-47b-303(3)(b), regarding expiration of a massage assistant-in-training license, is repealed July 1, 2029.

(15) Subsection 58-55-201(2), regarding the Alarm System and Security Licensing Advisory Board, is repealed July 1, 2027.

(16) Title 58, Chapter 61, Part 7, Behavior Analyst Licensing Act, is repealed July 1, 2026.

Section 28. Section **63J-1-602.2** is amended to read:

63J-1-602.2 (Effective 05/06/26) (Partially Repealed 07/01/29). List of nonlapsing appropriations to programs.

Appropriations made to the following programs are nonlapsing:

(1) The Legislature and the Legislature's committees.

(2) The State Board of Education, including all appropriations to agencies, line items, and programs under the jurisdiction of the State Board of Education, in accordance with Section 53F-9-103.

(3) The Rangeland Improvement Act created in Section 4-20-101.

(4) The Percent-for-Art Program created in Section 9-6-404.

(5) The LeRay McAllister Working Farm and Ranch Fund Program created in Title 4, Chapter 46, Part 3, LeRay McAllister Working Farm and Ranch Fund.

(6) The Utah Lake Authority created in Section 11-65-201.

(7) Dedicated credits accrued to the Utah Marriage Commission as provided under Subsection 17-66-303(2)(d)(ii).

(8) The Wildlife Land and Water Acquisition Program created in Section 23A-6-205.

(9) Sanctions collected as dedicated credits from Medicaid providers under Subsection 26B-3-108(7).

(10) The primary care grant program created in Section 26B-4-310.

(11) The [~~Opiate~~] Opioid Overdose Outreach Pilot Program created in Section 26B-4-512.

(12) The Utah Health Care Workforce Financial Assistance Program created in Section 26B-4-702.

(13) The Rural Physician Loan Repayment Program created in Section 26B-4-703.

(14) The Utah Medical Education Council for the:

(a) administration of the Utah Medical Education Program created in Section 26B-4-707;

(b) provision of medical residency grants described in Section 26B-4-711; and

(c) provision of the forensic psychiatric fellowship grant described in Section 26B-4-712.

(15) The Division of Services for People with Disabilities, as provided in Section 26B-6-402.

(16) The Communication Habits to reduce Adolescent Threats (CHAT) Pilot Program created in Section 26B-7-122.

(17) Funds that the Department of Alcoholic Beverage Services retains in accordance with Subsection 32B-2-301(8)(a) or (b).

(18) The General Assistance program administered by the Department of Workforce Services, as provided in Section 35A-3-401.

(19) The Utah National Guard, created in Title 39A, National Guard and Militia Act.

(20) The Search and Rescue Financial Assistance Program, as provided in Section 53-2a-1102.

(21) The Emergency Medical Services Grant Program, as provided in Section 53-2d-207.

(22) The Motorcycle Rider Education Program, as provided in Section 53-3-905.

(23) The Utah Board of Higher Education for teacher preparation programs, as provided in Section 53H-5-402.

(24) Innovation grants under Section 53G-10-608, except as provided in Subsection 53G-10-608(3).

(25) The Division of Fleet Operations for the purpose of upgrading underground storage

tanks under Section 63A-9-401.

(26) The Division of Technology Services for technology innovation as provided under Section 63A-16-903.

(27) The State Capitol Preservation Board created by Section 63O-2-201.

(28) The Office of Administrative Rules for publishing, as provided in Section 63G-3-402.

(29) The Colorado River Authority of Utah, created in Title 63M, Chapter 14, Colorado River Authority of Utah Act.

(30) The Governor's Office of Economic Opportunity to fund the Enterprise Zone Act, as provided in Title 63N, Chapter 2, Part 2, Enterprise Zone Act.

(31) The Governor's Office of Economic Opportunity's Rural Employment Expansion Program, as described in Title 63N, Chapter 4, Part 4, Rural Employment Expansion Program.

(32) County correctional facility contracting program for state inmates as described in Section 64-13e-103.

(33) County correctional facility reimbursement program for state probationary inmates and state parole inmates as described in Section 64-13e-104.

(34) Programs for the Jordan River Recreation Area as described in Section 65A-2-8.

(35) The Division of Human Resource Management user training program, as provided in Section 63A-17-106.

(36) A public safety answering point's emergency telecommunications service fund, as provided in Section 69-2-301.

(37) The Traffic Noise Abatement Program created in Section 72-6-112.

(38) The money appropriated from the Navajo Water Rights Negotiation Account to the Division of Water Rights, created in Section 73-2-1.1, for purposes of participating in a settlement of federal reserved water right claims.

(39) The Judicial Council for compensation for special prosecutors, as provided in Section 77-10a-19.

(40) A state rehabilitative employment program, as provided in Section 78A-6-210.

(41) The Utah Geological Survey, as provided in Section 79-3-401.

(42) The Bonneville Shoreline Trail Program created under Section 79-5-503.

(43) Adoption document access as provided in Sections 81-13-103, 81-13-504, and 81-13-505.

(44) Indigent defense as provided in Title 78B, Chapter 22, Part 4, Utah Indigent Defense Commission.

(45) The program established by the Division of Facilities Construction and Management under Section 63A-5b-703 under which state agencies receive an appropriation and pay lease payments for the use and occupancy of buildings owned by the Division of Facilities Construction and Management.

(46) The State Tax Commission for reimbursing counties for deferrals in accordance with Section 59-2-1802.5.

(47) The Veterinarian Education Loan Repayment Program created in Section 4-2-902.

Section 29. Section **64-13-45** is amended to read:

64-13-45 (Effective 05/06/26). Department reporting requirements.

(1) As used in this section:

(a) "Biological sex at birth" means the same as that term is defined in Section 26B-8-101.

(b)(i) "In-custody death" means an inmate death that occurs while the inmate is in the custody of the department.

(ii) "In-custody death" includes an inmate death that occurs while the inmate is:

(A) being transported for medical care; or

(B) receiving medical care outside of a correctional facility, other than a county jail.

(c) "Inmate" means an individual who is processed or booked into custody or housed in the department or a correctional facility other than a county jail.

(d) "[~~Opiate~~] Opioid-like substance" means the same as that term is defined in Section 58-37-2.

(e) "Transgender inmate" means the same as that term is defined in Section 64-13-7.

(2) The department shall submit a report to the Commission on Criminal and Juvenile Justice created in Section 63M-7-201 before June 15 of each year that includes:

(a) the number of in-custody deaths that occurred during the preceding calendar year, including:

(i) the known, or discoverable on reasonable inquiry, causes and contributing factors of each of the in-custody deaths described in this Subsection (2)(a); and

(ii) the department's policy for notifying an inmate's next of kin after the inmate's in-custody death;

(b) the department policies, procedures, and protocols:

(i) for treatment of an inmate experiencing withdrawal from alcohol or substance use, including use of [~~opiates~~] opioid-like substances;

(ii) that relate to the department's provision, or lack of provision, of medications used

to treat, mitigate, or address an inmate's symptoms of withdrawal, including methadone and all forms of buprenorphine and naltrexone; and

(iii) that relate to screening, assessment, and treatment of an inmate for a substance use disorder or mental health disorder;

(c) the number of inmates who gave birth and were restrained in accordance with Section 64-13-46, including:

(i) the types of restraints used; and

(ii) whether the use of restraints was to prevent escape or to ensure the safety of the inmate, medical or corrections staff, or the public;

(d) the number of transgender inmates that are assigned to a living area with inmates whose biological sex at birth do not correspond with the transgender inmate's biological sex at birth in accordance with Section 64-13-7, including:

(i) the results of the individualized security analysis conducted for each transgender inmate in accordance with Subsection 64-13-7(5)(a); and

(ii) a detailed explanation regarding how the security conditions described in Subsection 64-13-7(5)(b) are met for each transgender inmate;

(e) the number of transgender inmates that were:

(i) assigned to a living area with inmates whose biological sex at birth do not correspond with the transgender inmate's biological sex at birth; and

(ii) removed and assigned to a living area with inmates whose biological sex at birth corresponds with the transgender inmate's biological sex at birth in accordance with Subsection 64-13-7(6); and

(f) any report the department provides or is required to provide under federal law or regulation relating to inmate deaths.

(3) The Commission on Criminal and Juvenile Justice shall:

(a) compile the information from the reports described in Subsection (2);

(b) omit or redact any identifying information of an inmate in the compilation to the extent omission or redaction is necessary to comply with state and federal law[-]; and

(c) submit the compilation to the Law Enforcement and Criminal Justice Interim Committee and the Utah Substance Use and Mental Health Advisory Committee before November 1 of each year.

(4) The Commission on Criminal and Juvenile Justice may not provide access to or use the department's policies, procedures, or protocols submitted under this section in a manner or for a purpose not described in this section.

Section 30. **Effective Date.**

This bill takes effect on May 6, 2026.

Section 31. **Coordinating S.B. 317 with H.B. 301.**

If S.B. 317, Opioid Terminology Amendments, and H.B. 301, Drug Recodification, both pass and become law, the Legislature intends that, on May 6, 2026, the references to the term "opiate" be changed to "opioid-like substance" in the following Subsections in H.B. 301:

(1) Subsection 58-37-304(6)(d)(i); and

(2) Subsection 58-37-305(1)(b).

Section 32. **Coordinating S.B. 317 with S.B. 87.**

If S.B. 317, Opioid Terminology Amendments, and S.B. 87, Naloxone Amendments, both pass and become law, the Legislature intends that, on May 6, 2026, the terms "opiate antagonist" and "expired opiate antagonist" be changed to "opioid antagonist" and "expired opioid antagonist" in the following Subsections in S.B. 87:

(1) Subsections 26B-4-509(1), (2)(a)(ii), (3), and (4)(c);

(2) Subsections 26B-4-510(1) and (2);

(3) Subsections 26B-4-511(1) and (2);

(4) Subsection 58-17b-507(1);

(5) Subsection 58-31b-703 (1);

(6) Subsection 58-67-702(1);

(7) Subsection 58-68-702(1);

(8) Subsection 58-69-702(1); and

(9) Subsection 58-70a-505(1).

Section 33. **Coordinating S.B. 317 with S.B. 98.**

If S.B. 317, Opioid Terminology Amendments, and S.B. 98, Substance Use Rehabilitation Amendments, both pass and become law, the Legislature intends that, on May 6, 2026:

(1) the term "opiate antagonist" in Subsection 26B-7-126(1)(c), in S.B. 98 be changed to "opioid antagonist"; and

(2) the term "opiate antagonists" in Subsection 26B-7-126(3)(b)(ii)(C), in S.B. 98 be changed to "opioid antagonists".