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H.P. 1511 House of Representatives, February 25, 2020

An Act To Expand and Rename the Controlled Substances Prescription Monitoring Program

(AFTER DEADLINE)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 205.

Reference to the Committee on Health Coverage, Insurance and Financial Services suggested and ordered printed.

ROBERT B. HUNT
Clerk

Presented by Representative HYMANSON of York.
Cosponsored by Senators: CLAXTON of Androscoggin, GRATWICK of Penobscot, SANBORN, L. of Cumberland.

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 5 MRSA §20047, sub-§3, as enacted by PL 2017, c. 243, §1 and affected by §5, is amended to read:

3. Medical emergency; methadone. Notwithstanding subsection 1, records relating to methadone treatment of a patient for the treatment of opioid dependency that have been entered into the ~~Controlled Substances~~ Prescription Monitoring Program established under Title 22, section 7248 may be disclosed in an emergency setting only to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained and only to the health care professionals involved in treating the patient. Any disclosure of records pursuant to this subsection must be documented as described in Title 22, section 7250, subsection 7.

Sec. 2. 22 MRSA c. 1603, headnote is amended to read:

CHAPTER 1603

~~CONTROLLED SUBSTANCES~~ PRESCRIPTION MONITORING

Sec. 3. 22 MRSA §7245, as amended by PL 2017, c. 407, Pt. A, §87, is further amended to read:

§7245. Legislative intent

It is the intent of the Legislature that the prescription monitoring program established pursuant to this chapter serve as a means to improve and promote the public health and welfare, promote appropriate and safe prescribing practices and to detect and prevent substance use ~~disorder~~ disorders. This chapter is not intended to interfere with the legitimate medical use of controlled substances.

Sec. 4. 22 MRSA §7246, sub-§2-A is enacted to read:

2-A. Federally qualified health center. "Federally qualified health center" means a health center receiving a reimbursement designation from the United States Department of Health and Human Services, Bureau of Primary Health Care and Centers for Medicare and Medicaid Services or a health center determined by the Secretary of the United States Department of Health and Human Services to meet the requirements for receiving a grant based on recommendations of the federal Health Resources and Services Administration.

Sec. 5. 22 MRSA §7246, sub-§3, as enacted by PL 2003, c. 483, §1, is amended to read:

3. Fund. "Fund" means the ~~Controlled Substances~~ Prescription Monitoring Program Fund established in section 7247.

Sec. 6. 22 MRSA §7246, sub-§3-A is enacted to read:

3-A. Medical practice. "Medical practice" means a location where one or more licensed health care professionals with authority to prescribe controlled substances or prescription drugs provide health care services.

Sec. 7. 22 MRSA §7246, sub-§5, as amended by PL 2017, c. 360, §2, is further amended to read:

5. Prescriber. "Prescriber" means a licensed health care professional with authority to prescribe controlled substances or prescription drugs.

Sec. 8. 22 MRSA §7246, sub-§5-A is enacted to read:

5-A. Prescription drug. "Prescription drug" has the same meaning as in Title 32, section 13702-A, subsection 30.

Sec. 9. 22 MRSA §7246, sub-§7, as enacted by PL 2003, c. 483, §1, is amended to read:

7. Program. "Program" means the ~~Controlled Substances~~ Prescription Monitoring Program established under section 7248.

Sec. 10. 22 MRSA §7247, as amended by PL 2011, c. 657, Pt. AA, §66, is further amended to read:

§7247. ~~Controlled Substances~~ Prescription Monitoring Program Fund

The ~~Controlled Substances~~ Prescription Monitoring Program Fund is established within the department to be used by the commissioner to fund or assist in funding the program. Any balance in the fund does not lapse but is carried forward to be expended for the same purposes in succeeding fiscal years. The fund must be deposited with and maintained and administered by the department. The commissioner may accept funds into the fund from any source, public or private, including grants or contributions of money or other things of value, that the commissioner determines necessary to carry out the purposes of this chapter. Money received by the department to establish and maintain the program must be used for the expenses of administering this chapter.

Sec. 11. 22 MRSA §7248, as amended by PL 2011, c. 657, Pt. AA, §67, is further amended to read:

§7248. ~~Controlled Substances~~ Prescription Monitoring Program

1. Establishment of monitoring program. Contingent upon the receipt of funds pursuant to section 7247 sufficient to carry out the purposes of this chapter, the ~~Controlled Substances~~ Prescription Monitoring Program is established. No later than January 2, 2004, to implement the program, the department shall establish an electronic system for monitoring any controlled substance that is dispensed to a person in the State by a dispenser. No later than January 1, 2021, the department shall expand the program to include the reporting of the dispensing of all prescription drugs, excluding noncontrolled drugs not intended for human consumption.

2. Contract for services. The department may contract with a vendor to establish and maintain the program pursuant to rules adopted by the department.

3. Information available. The program must rapidly provide information in an electronic format to prescribers and dispensers.

Sec. 12. 22 MRSA §7249, sub-§1, as amended by PL 2017, c. 360, §3, is further amended to read:

1. Information required. Except as provided in subsection 1-A or 1-B, each dispenser shall submit to the department, by electronic means or other format specified in a waiver granted by the department, specific items of information regarding dispensed ~~controlled substances~~ prescription drugs determined by the department from the following list:

A. The dispenser identification number;

B. The date the prescription was filled;

C. The prescription number;

D. Whether the prescription is new or is a refill;

E. The National Drug Code (NDC) for the drug dispensed;

F. The quantity dispensed;

G. The dosage;

H. The patient identification number;

I. The patient name;

J. The patient address;

K. The patient date of birth;

L. The prescriber identification number;

M. The date the prescription was issued by the prescriber; and

N. The department-issued serial number if the department chooses to establish a serial prescription system.

Sec. 13. 22 MRSA §7249, sub-§1-A, as enacted by PL 2017, c. 213, §4, is amended to read:

1-A. Small quantity dispensing. If a ~~controlled substance~~ prescription drug is dispensed by a hospital emergency department to a person receiving care in the emergency department for use by that person during a period of 48 hours or less after the ~~controlled substance~~ prescription drug is dispensed, the dispenser is not required to comply with subsection 1.

Sec. 14. 22 MRSA §7250, sub-§4, ¶K, as amended by PL 2017, c. 213, §6, is further amended to read:

K. The chief medical officer, medical director or other administrative prescriber employed by a licensed hospital, federally qualified health center or medical practice, insofar as the information relates to prescriptions written by prescribers employed by that licensed hospital, federally qualified health center or medical practice; and

Sec. 15. 22 MRSA §7255 is enacted to read:

§7255. Construction

Nothing in this chapter may be construed as requiring a prescriber or dispenser to access the program to review the prescribing or dispensing for a patient except for those instances in which access is required in order to comply with the provisions of section 7253.

Sec. 16. 32 MRSA §3656, sub-§5, as enacted by PL 2015, c. 488, §22, is amended to read:

5. ~~Controlled Substances~~ Prescription Monitoring Program. Failure to comply with the requirements ~~of~~ set forth in Title 22, section 7253.

Sec. 17. 32 MRSA §4864, sub-§15, as enacted by PL 2015, c. 488, §26, is amended to read:

15. ~~Controlled Substances~~ Prescription Monitoring Program. Failure to comply with the requirements ~~of~~ set forth in Title 22, section 7253.

Sec. 18. 32 MRSA §4878, sub-§1, as amended by PL 2017, c. 360, §9, is further amended to read:

1. Benzodiazepine or opioid medication dispensing. A veterinarian licensed under this chapter whose scope of practice includes dispensing a benzodiazepine or an opioid medication for an animal is subject to the requirements of the ~~Controlled Substances~~ Prescription Monitoring Program established under Title 22, chapter 1603.

Sec. 19. Prescription Monitoring Program expansion funding. The Department of Health and Human Services shall apply in a timely manner for federal funds and any other available funds to support the expansion of the Prescription Monitoring Program as set out in this Act.

SUMMARY

This bill amends the provisions of law governing the Controlled Substances Prescription Monitoring Program to require dispensers to report all prescription drugs dispensed intended for human consumption rather than controlled substances only, allowing the program database to be used for medication reconciliation and other patient safety activities. The enhanced program allows pharmacists and all prescribers to obtain a complete record of all medication prescribed to a patient, identifying the prescriber for each drug and listing the dates on which each prescription was filled. This information gives health care providers additional means to ensure that patients do not have adverse

reactions due to incompatible drug interactions or overprescribing of medications from multiple prescribers. The program name is changed to the Prescription Monitoring Program to reflect its wider scope. The bill also directs the Department of Health and Human Services to apply for federal funds and seek other funding sources to develop the improvements to the program.