

128th MAINE LEGISLATURE

FIRST REGULAR SESSION-2017

Legislative Document

No. 952

S.P. 307

In Senate, March 9, 2017

An Act To Ensure Access to Opiate Addiction Treatment in Maine

Reference to the Committee on Health and Human Services suggested and ordered printed.

HEATHER J.R. PRIEST Secretary of the Senate

Presented by Senator WOODSOME of York.
Cosponsored by Representative POULIOT of Augusta and
Senators: BREEN of Cumberland, CUSHING of Penobscot, DION of Cumberland,
GRATWICK of Penobscot, LANGLEY of Hancock, Representatives: BATTLE of South
Portland, HARVELL of Farmington, VACHON of Scarborough.

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

Sec. 1. 32 MRSA §2211 is enacted to read:

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§2211. Dispensing opioid medication to patients in opioid treatment programs

A registered professional nurse and a certified nurse practitioner may dispense opioid medication for substance abuse treatment purposes to patients within an opioid treatment program under the direction of the medical director of the opioid treatment program.

Sec. 2. 32 MRSA §2258-B is enacted to read:

§2258-B. Dispensing opioid medication to patients in opioid treatment programs

A licensed practical nurse may dispense opioid medication for substance abuse treatment purposes to patients within an opioid treatment program under the direction of the medical director of the opioid treatment program.

Sec. 3. 32 MRSA §13751, sub-§5 is enacted to read:

5. Opioid treatment program; pharmacist oversight of take-home medication dispensing. An opioid treatment program under rules adopted by the board is not required to maintain a pharmacist in charge to be responsible for the opioid treatment program's compliance with this chapter, rules adopted by the board and federal and state laws, rules and regulations specified in board rules. An opioid treatment program shall enter into a written agreement with a licensed pharmacist to serve as a consultant on the dispensing of opioid medication to patients for take-home use. The consultant pharmacist shall visit the opioid treatment program at least once a month to review the pharmaceutical services and monitor the services to ensure accuracy and prepare a report including findings and recommendations for improvement. The opioid treatment program shall maintain on site signed and dated reports for each on-site visit by the consultant pharmacist. The consultant pharmacist shall develop procedures for the distribution and controls of drugs and biologicals in the opioid treatment program; compound, package, label and dispense all drugs to be administered to clients; inspect all areas where drugs are stored, including, but not limited to, emergency supplies, to ensure that all drugs are properly labeled, stored and controlled; and monitor drug therapy for drug interactions and incompatibilities and maintain documentation of the drug interactions and incompatibilities. The opioid treatment program in consultation with the consultant pharmacist shall develop and implement written policies and procedures for control and accountability, distribution and assurance of quality of all drugs and biologicals. The opioid treatment program shall maintain records for all transactions of pharmaceutical services as required by law and as necessary to maintain control of, and accountability for, all drugs and pharmaceutical supplies. The dispensing of opioids for take-home use by an opioid treatment program may be undertaken by any professional whose scope of practice permits such dispensing. The board shall adopt rules to implement this subsection. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 4. MaineCare reimbursement rates for outpatient opioid treatment. The Department of Health and Human Services shall amend its rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65, Behavioral Health Services regarding the reimbursement rate paid to outpatient opioid treatment providers to increase the rate from \$60 to \$80 a week. The department may amend its rules to increase the rates above the reimbursement rates specified in this section at any time. The department shall take all necessary actions to implement the reimbursement increase under this section.

Sec. 5. Rate study. The Department of Health and Human Services shall contract with a 3rd-party consultant to conduct a rate study regarding the reimbursement rate paid to outpatient opioid treatment providers under its rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65, Behavioral Health Services. The rate study must account for provider costs related to outpatient opioid treatment services. The department shall ensure that the 3rd-party consultant conducting the study under this section invites the participation of stakeholders providing outpatient opioid treatment services. The department shall report its progress and findings under this section to the Joint Standing Committee on Health and Human Services no later than December 30, 2017. The committee may report out a bill related to the report to the Second Regular Session of the 128th Legislature.

Sec. 6. Outpatient opioid treatment providers opening days. The office of substance abuse and mental health services, division of licensing and regulatory services within the Department of Health and Human Services shall amend its rule Chapter 5: Regulations for Licensing and Certifying of Substance Abuse Treatment Programs to permit outpatient opioid treatment providers to remain open 6 days per week rather than 7 days per week.

25 SUMMARY

This bill directs the Department of Health and Human Services to amend its rules to increase the MaineCare reimbursement rate for outpatient opioid treatment to \$80 per week and to permit outpatient opioid treatment providers to be open 6 days per week as provided under federal law. It directs the department to contract with a 3rd-party consultant to conduct a rate study regarding reimbursement to outpatient opioid treatment providers. It authorizes opioid treatment programs under the Maine Pharmacy Act to operate without maintaining a pharmacist in charge but requires opioid treatment programs to enter into a written agreement with a licensed pharmacist to serve as a consultant to the opioid treatment program. It authorizes registered professional nurses, certified nurse practitioners and licensed practical nurses to dispense opioid medication for substance abuse treatment purposes to patients in an opioid treatment program.