



129th MAINE LEGISLATURE

SECOND REGULAR SESSION-2020

Legislative Document

No. 1951

H.P. 1395

House of Representatives, January 8, 2020

An Act To Assist Persons with Disabilities Who Are Subject to Pill Count Requirements

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.

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

A handwritten signature in cursive script that reads "Robert B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative MADIGAN of Waterville.
Cosponsored by President JACKSON of Aroostook and
Representative: CRAVEN of Lewiston.

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

2 **Sec. 1. 32 MRSA §2210, sub-§6**, as enacted by PL 2017, c. 186, §1, is amended
3 to read:

4 **6. Opioid medication policy.** ~~No later than January 1, 2018, a~~ A health care entity
5 that includes an individual licensed under this chapter whose scope of practice includes
6 prescribing opioid medication must have in place an opioid medication prescribing policy
7 that applies to all prescribers of opioid medications employed by the entity. The policy
8 must include, but is not limited to, procedures and practices related to risk assessment,
9 informed consent and counseling on the risk of opioid use. Procedures established under
10 the policy must provide accommodations for patients with disabilities who are subject to
11 pill count requirements. For the purposes of this subsection, "health care entity" has the
12 same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

13 **Sec. 2. 32 MRSA §2600-C, sub-§6**, as enacted by PL 2017, c. 186, §2, is
14 amended to read:

15 **6. Opioid medication policy.** ~~No later than January 1, 2018, a~~ A health care entity
16 that includes an individual licensed under this chapter whose scope of practice includes
17 prescribing opioid medication must have in place an opioid medication prescribing policy
18 that applies to all prescribers of opioid medications employed by the entity. The policy
19 must include, but is not limited to, procedures and practices related to risk assessment,
20 informed consent and counseling on the risk of opioid use. Procedures established under
21 the policy must provide accommodations for patients with disabilities who are subject to
22 pill count requirements. For the purposes of this subsection, "health care entity" has the
23 same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

24 **Sec. 3. 32 MRSA §3300-F, sub-§6**, as enacted by PL 2017, c. 186, §3, is
25 amended to read:

26 **6. Opioid medication policy.** ~~No later than January 1, 2018, a~~ A health care entity
27 that includes an individual licensed under this chapter whose scope of practice includes
28 prescribing opioid medication must have in place an opioid medication prescribing policy
29 that applies to all prescribers of opioid medications employed by the entity. The policy
30 must include, but is not limited to, procedures and practices related to risk assessment,
31 informed consent and counseling on the risk of opioid use. Procedures established under
32 the policy must provide accommodations for patients with disabilities who are subject to
33 pill count requirements. For the purposes of this subsection, "health care entity" has the
34 same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

35 **Sec. 4. 32 MRSA §3657, sub-§6**, as enacted by PL 2017, c. 186, §4, is amended
36 to read:

37 **6. Opioid medication policy.** ~~No later than January 1, 2018, a~~ A health care entity
38 that includes an individual licensed under this chapter whose scope of practice includes
39 prescribing opioid medication must have in place an opioid medication prescribing policy
40 that applies to all prescribers of opioid medications employed by the entity. The policy

1 must include, but is not limited to, procedures and practices related to risk assessment,
2 informed consent and counseling on the risk of opioid use. Procedures established under
3 the policy must provide accommodations for patients with disabilities who are subject to
4 pill count requirements. For the purposes of this subsection, "health care entity" has the
5 same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

6 **Sec. 5. 32 MRSA §18308, sub-§6,** as enacted by PL 2017, c. 186, §5, is amended
7 to read:

8 **6. Opioid medication policy.** ~~No later than January 1, 2018,~~ a A health care entity
9 that includes an individual licensed under this chapter whose scope of practice includes
10 prescribing opioid medication must have in place an opioid medication prescribing policy
11 that applies to all prescribers of opioid medications employed by the entity. The policy
12 must include, but is not limited to, procedures and practices related to risk assessment,
13 informed consent and counseling on the risk of opioid use. Procedures established under
14 the policy must provide accommodations for patients with disabilities who are subject to
15 pill count requirements. For the purposes of this subsection, "health care entity" has the
16 same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

17 **SUMMARY**

18 This bill requires that procedures established pursuant to opioid medication policies
19 adopted by health care entities provide accommodations for patients with disabilities who
20 are subject to pill count requirements.