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Testimony of the Office of Behavioral Health
Maine Department of Health and Human Services

Before the Joint Standing Committee on Health and Human Services

In support of LD 765, *An Act to Amend the Laws Governing the Controlled Substances Prescription Monitoring Program*

Sponsor: Representative Meyer
Hearing Date: March 12, 2025

Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Dr. Elisabeth Fowlie Mock and I serve as the Policy Advisor to the Maine Prescription Monitoring Program within the Office of Behavioral Health (OBH) in the Maine Department of Health and Human Services. I am here today to testify in support of LD 765, *An Act to Amend the Laws Governing the Controlled Substances Prescription Monitoring Program*.

The intent of this bill is to bring the Prescription Monitoring Program (PMP) into alignment with administrative and clinical changes related to the PMP and data required by the Program, as well as other minor technical changes at no cost.

The first amendment is to update and clarify the definition of "Prescriber" to ensure appropriate access and patient safety. Current PMP statute defines "Prescriber" in a manner that technically excludes prescribers without an active DEA registration number from registering for and using the PMP. However, there are many prescribers who may not have the ability or authority to prescribe controlled substances but may need to prescribe medications that would interact with controlled substances. For this reason, it is medically appropriate for these licensed prescribers to have access to prescription and dispensation information in the PMP to evaluate possible drug interactions with other medications being prescribed.

Additionally, the definition of "Prescriber" excludes veterinarians as their practice has been considered to be fundamentally different from those of human prescribers. Despite not being included in the definition of a "Prescriber" they are subject to many of the same statutory mandates and requirements. This proposed amendment would align the practice and expectation of veterinarians in statute to practice. Available data show 233 Maine veterinarians sent controlled substance prescriptions to retail pharmacies in 2024. This demonstrates that a sizeable number of veterinarians prescribe controlled substances and would benefit from this information in order to prescribe substances safely. It is important to note, this revision will not result in any new requirements for veterinarians, as they already report in the PMP. This amendment would ensure that the definition of "Prescriber" includes veterinarians as prescribers of controlled substances. Finally, while telehealth requirements are specified in current licensing rules, the PMP believes the incorporation of out-of-state telehealth prescribers

servicing patients in Maine is necessary, as the frequency of telehealth prescribing across state lines has increased significantly since changes to DEA requirements in 2020. This revision would explicitly require Maine laws related to the PMP, opioid, and benzodiazepine prescribing be followed when prescribing controlled substances to patients in Maine.

The second amendment removes the itemized list of required information to be reported to the PMP from statute, transitioning this information into the PMP rule at 14-188 C.M.R. Chapter 11. This flexibility is necessary because PMP vendors utilize a national PMP taxonomy developed by the American Society for the Automation in Pharmacy (ASAP). Due to the rapid but sporadic updates to the ASAP guidelines, utilizing the PMP rule to enforce elements of required data reporting is the most sensible and timely approach. Furthermore, limiting the number of locations where the data elements are enumerated prevents duplicative work or contradictions while ensuring a mechanism for clear communication and accountability.

The third amendment extends submission of the required annual report from January 15 to April 15. This extension is necessary because the annual report is dependent on several sources and data reports generated by the platform vendor which are not available until mid-February, which is in direct conflict with the current mandated deadline. This minor revision allows the comprehensive annual report to be submitted in alignment with the availability of data provided therein.

The last amendment is the repeal of the one-time rulemaking authorization from 2017 [PL 2017, c. 213, §11]. This minor revision will remove any potential confusion as to the rulemaking requirements and authority for the PMP and its rule under 14-118 C.M.R. Chapter 11.

The Department is in support of this legislation as it ensures that Maine PMP laws are updated routinely as technology advances and prescribing practices change nationwide. The proposed amendments will allow the PMP to continue to work toward the Maine PMP directive to promote the public health and welfare and to detect and prevent substance use disorder.

Thank you for your time and attention. I would be happy to answer any questions you may have and to make myself available for questions at the work session.

Sincerely,



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