

**§7249-A. Reporting of methadone treatment with consent****(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)****(WHOLE SECTION TEXT EFFECTIVE ON CONTINGENCY: See PL 2017, c. 243, §5)**

**1. Consent form; methadone treatment.** The department shall develop a consent form to be presented to every patient receiving treatment at any facility that provides methadone for the treatment of opioid dependency. The form records the patient's identifying information along with consent to enter the name of the patient's methadone treatment facility and dosage information into the program. The form must be available to the facility for use in paper or electronic form. The contents of the form may be disclosed only in a medical emergency as described in section 7250, subsection 7. The patient may decline consent.

[PL 2017, c. 243, §2 (NEW); PL 2017, c. 243, §5 (AFF).]

**2. Treatment facility to enter information into the program.** For a patient who has provided consent pursuant to subsection 1, a prescriber or the prescriber's designee at a facility that provides methadone for the treatment of opioid dependency shall enter the patient's identifying information along with the name of the methadone treatment facility and the dosage information into the program. Dosage information must be entered at the beginning of treatment, after the first 90 days of treatment and every 180 days after that. If a patient ceases treatment or moves to a different facility, the patient's methadone treatment facility must notify the program within 30 days of that change in status.

[PL 2017, c. 243, §2 (NEW); PL 2017, c. 243, §5 (AFF).]

**3. Renewal of consent form.** A facility that provides methadone for the treatment of opioid dependency must provide a new consent form under subsection 1 to a patient annually and renew that patient's consent. The patient may choose to decline consent or void consent at any time.

[PL 2017, c. 243, §2 (NEW); PL 2017, c. 243, §5 (AFF).]

**SECTION HISTORY**

PL 2017, c. 243, §2 (NEW). PL 2017, c. 243, §5 (AFF).

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