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Committee Amendment " " to LD 1031, An Act To Establish Reasonable and Clinically Appropriate Exceptions to Opioid Medication Prescribing Limits

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

Sec. 1. 22 MRSA §1726, sub-§1 is amended to read:

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Palliative care" means patient-centered and family-focused medical care that optimizes quality of life by anticipating, preventing and treating suffering caused by a medical illness or a physical injury or condition that substantially affects a patient's quality of life, including, but not limited to, addressing physical, emotional, social and spiritual needs; facilitating patient autonomy and choice of care; providing access to information; discussing the patient's goals for treatment and treatment options, including, when appropriate, hospice care; and managing pain and symptoms comprehensively. Palliative care does not always include a requirement for hospice care or attention to spiritual needs if it is not appropriate to the patient's situation.

B. "Serious illness" means a medical illness or physical injury or condition that substantially affects quality of life for more than a short period of time. "Serious illness" includes, but is not limited to, Alzheimer's disease and related dementias, lung disease, cancer and heart, renal or liver failure, and/or? unremitting or intractable pain such as neuropathic pain.

Sec. 2. 22 MRSA §7246, sub-§2 is amended to read:

2. Dispenser. "Dispenser" means a pharmacist who is licensed or registered under Title 32 ~~or a licensed health care professional with authority to dispense or administer prescription drugs~~.

Sec. 3. 22 MRSA §7249, sub-§1, 1st ¶ is amended to read:

1. Information required. With the exception of small quantity dispensing as described in subsection 1-A, each ~~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 determined by the office from the following list:

Sec. 4. 22 MRSA §7249, sub-§1-A is enacted to read:

1-A. **Small quantity dispensing.** If the amount of a controlled substance/opioid medication?? is dispensed by a hospital emergency department that is for use during a period of 48 hours or less, the dispenser is not required to comply with subsection 1.

Sec. 5. 22 MRSA §7250, sub-§4, ¶¶I and J are amended to read:

I. Staff members of a licensed hospital who are authorized by the chief medical officer of the hospital, insofar as the information relates to a patient receiving care in the hospital's emergency department or receiving inpatient services or surgical services from the hospital; ~~and~~

J. Staff members of a pharmacist who are authorized by the pharmacist on duty, insofar as the information relates to a customer seeking to have a prescription filled~~.~~; and

Sec. 6. 22 MRSA §7250, sub-§4, ¶K is enacted to read:

K. Staff members of a group practice of prescribers who are authorized by a designated group practiced leader insofar as the information relates to a patient receiving care from that group practice.

Sec. 7. 22 MRSA §7253, sub-§2 is amended to read:

2. Dispensers. On or after January 1, 2017, a dispenser shall check prescription monitoring information prior to dispensing a benzodiazepine or an opioid medication to a person under any of the following circumstances:

A. The person is not a resident of this State;

B. The prescription is from a prescriber with an address outside of this State;

C. The person is paying cash when the person has prescription insurance on file; or

D. According to the pharmacy prescription record, the person has not had a prescription for a benzodiazepine or an opioid medication in the previous 12-month period.

A dispenser shall ~~notify the program and~~ withhold a prescription until the dispenser is able to contact the prescriber of that prescription if the dispenser has reason to believe that the prescription is fraudulent or duplicative.

Sec. 8. 22 MRSA §7353, sub-§3 is amended to read:

3. Exception; hospital setting and facilities. When a licensed or certified health care professional directly orders or administers a benzodiazepine or opioid medication to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility, ~~or~~ a residential care facility or in connection with a surgical procedure, the requirements to check prescription monitoring information established in this section do not apply.

Sec. 9. 32 MRSA §2210, sub-§1, ¶D is amended to read:

D. On or after January 1, 2017, within a 7-day period, more than a 7-day supply of an opioid medication to a patient under treatment for acute pain unless the opioid product is FDA-labelled to only be dispensed in a stock bottle that exceeds a 7-day supply as prescribed in which case the amount dispensed may not exceed 14 days. "Acute pain" has the same meaning as in Title 22, section 7246, subsection 1-A.

Sec. 10. 32 MRSA §2210, sub-§2, ¶B is amended to read:

B. When directly ordering or administering a benzodiazepine or opioid medication to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility, ~~or~~ a residential care facility or in connection with a surgical procedure.

Sec. 11. 32 MRSA §2600-C, sub-§1, ¶D is amended to read:

D. On or after January 1, 2017, within a 7-day period, more than a 7-day supply of an opioid medication to a patient under treatment for acute pain unless the opioid product is FDA-labelled to only be dispensed in a stock bottle that exceeds a 7-day supply as prescribed in which case the amount dispensed may not exceed 14 days. For purposes of this paragraph, "acute pain" has the same meaning as in Title 22, section 7246, subsection 1-A.

Sec. 12. 32 MRSA §2600-C, sub-§2, ¶B is amended to read:

B. When directly ordering or administering a benzodiazepine or opioid medication to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility, ~~or~~ a residential care facility or in connection with a surgical procedure.

Sec. 13. 32MRSA §3300-F, sub-§1, ¶D is amended to read:

D. On or after January 1, 2017, within a 7-day period, more than a 7-day supply of an opioid medication to a patient under treatment for acute pain unless the opioid product is FDA-labelled to only be dispensed in a stock bottle that exceeds a 7-day supply as prescribed in which case the amount dispensed may not exceed 14 days. "Acute pain" has the same meaning as in Title 22, section 7246, subsection 1-A.

Sec. 14. 32 MRSA §3300-F, sub-§2, ¶B is amended to read:

B. When directly ordering or administering a benzodiazepine or opioid medication to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility, ~~or~~ a residential care facility or in connection with a surgical procedure.

Sec. 15. 32 MRSA §3657, sub-§1, ¶D is amended to read:

D. On or after January 1, 2017, within a 7-day period, more than a 7-day supply of an opioid medication to a patient under treatment for acute pain unless the opioid product is FDA-labelled to only be dispensed in a stock bottle that exceeds a 7-day supply as prescribed in which case the amount dispensed may not exceed 14 days. "Acute pain" has the same meaning as in Title 22, section 7246, subsection 1-A.

Sec. 16. 32 MRSA §3657, sub-§2, ¶B is amended to read:

B. When directly ordering or administering a benzodiazepine or opioid medication to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility, ~~or~~ a residential care facility or in connection with a surgical procedure.

Sec. 17. 32 MRSA §18308, sub-§1, ¶D is amended to read:

D. On or after January 1, 2017, within a 7-day period, more than a 7-day supply of an opioid medication to a patient under treatment for acute pain unless the opioid product is FDA-labelled to only be dispensed in a stock bottle that exceeds a 7-day supply as prescribed in which case the amount dispensed may not exceed 14 days. For purposes of this paragraph, "acute pain" has the same meaning as in Title 22, section 7246, subsection 1-A.

Sec. 18. 32 MRSA §18308, sub-§2, ¶B is amended to read:

B. When directly ordering or administering a benzodiazepine or opioid medication to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility, ~~or~~ a residential care facility or in connection with a surgical procedure.

Sec. 19. Department of Health and Human Services to amend rules. The Department of Health and Human Services shall amend its rules in Chapter 11, Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications so that the rules shall conform to the statutory requirements in Section 2 and Section 7 of this Act. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Administrative Procedure Act, Title 5, Chapter 375, subchapter II-A except that any subsequent amendments to the rules in these sections shall be major substantive as defined in the Maine Administrative Procedure Act, Title 5, Chapter 375, subchapter II-A.

SUMMARY

This bill makes the following changes to the laws relating to the Controlled Substances Prescription Monitoring Program and limits on opioid prescribing:

1. It changes the definition of palliative care to clarify that palliative care does not always include a requirement for hospice care or attention to spiritual needs if it is not appropriate to the patient's situation.
2. It changes includes unremitting or intractable pain such as neuropathic pain as an example of serious illness.

3. It changes the definition of "dispenser" to remove health care professional.
4. It removes from the requirement to enter into the Prescription Monitoring Program, an amount of a controlled substance/opioid medication?? that is dispensed by a hospital emergency department for use during a period of 48 hours or less.
5. It adds to the list of individuals who can access the Prescription Monitoring Program, staff members of a group practice of prescribers who are authorized by a designated group practiced leader insofar as the information relates to a patient receiving care from that group practice.
6. It removes the requirement for a dispenser to notify the Prescription Monitoring Program if the dispenser has reason to believe that the prescription is fraudulent or duplicative to allow for the dispenser to contact the prescriber.
7. It clarifies that surgical procedures are exempt from the 100 MME limitation on opioids.
8. It clarifies that an opioid product that is FDA-labelled to only be dispensed in a stock bottle that exceeds a 7-day supply may be prescribed as long as the amount dispensed may not exceed 14 days.
9. It requires the Department of Health and Human Services to amend its rules so that the rules conform to the changes in the definition of dispenser and the removal of the requirement of a pharmacist to notify the program when a prescription appears duplicative.