HOUSE BILL 1125

J1 1lr1989
HB 1654/20 – HRU

By: **Delegate Beitzel**
Introduced and read first time: February 5, 2021
Assigned to: Health and Government Operations

A BILL ENTITLED

AN ACT concerning

Prescription Drug Monitoring Program – Prescribers of Opioids – Notification Requirement

FOR the purpose of requiring a prescriber to notify the Prescription Drug Monitoring Program of certain information relating to opioids and opioid reversal drugs if the prescriber prescribes or dispenses an opioid in a certain dosage; prohibiting a prescriber from being required to make a certain notification more than once; and generally relating to the Prescription Drug Monitoring Program and prescribers of opioids.

BY repealing and reenacting, without amendments,
Article – Health – General
Section 21–2A–02(a)
Annotated Code of Maryland
(2019 Replacement Volume and 2020 Supplement)

BY repealing and reenacting, with amendments,
Article – Health – General
Section 21–2A–04.2
Annotated Code of Maryland
(2019 Replacement Volume and 2020 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

21–2A–02.

(a) There is a Prescription Drug Monitoring Program in the Department.

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.

21–2A–04.2.

(a) (1) Beginning July 1, 2018, a prescriber:

(i) Shall request at least the prior 4 months of prescription monitoring data for a patient before initiating a course of treatment for the patient that includes prescribing or dispensing an opioid or a benzodiazepine;

(ii) Shall, if a patient's course of treatment continues to include prescribing or dispensing an opioid or a benzodiazepine for more than 90 days after the initial request for prescription monitoring data, request prescription monitoring data for the patient at least every 90 days until the course of treatment has ended; and

(iii) Shall assess prescription monitoring data requested from the Program before deciding whether to prescribe or dispense or continue prescribing or dispensing an opioid or a benzodiazepine.

(2) If a prescriber decides to prescribe or continue to prescribe an opioid or a benzodiazepine after requesting prescription monitoring data from the Program and assessing the prescription monitoring data, the prescriber shall document in the patient's medical record that the prescription monitoring data was requested and assessed.

(3) (I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, IF A PRESCRIBER PRESCRIBES OR DISPENSES AN OPIOID IN A DOSAGE OF 50 MORPHINE MILLIGRAM EQUIVALENTS OR MORE, THE PRESCRIBER SHALL NOTIFY THE PROGRAM WHETHER THE PRESCRIBER:

1. HAS RECEIVED EDUCATION REGARDING THE RISKS ASSOCIATED WITH OPIOID USE;

2. IS AWARE THAT AN OPIOID OVERDOSE REVERSAL DRUG IS AVAILABLE; AND

3. HAS PRESCRIBED OR DISPENSED AN OPIOID OVERDOSE REVERSAL DRUG.

(II) A PRESCRIBER MAY NOT BE REQUIRED TO MAKE THE NOTIFICATION REQUIRED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH MORE THAN ONCE.

(b) A prescriber is not required to request prescription monitoring data from the Program if the opioid or benzodiazepine is prescribed or dispensed to an individual:

(1) In an amount indicated for a period not to exceed 3 days;

(2) For the treatment of cancer or cancer–related pain;

(3) Who is:

(i) A patient receiving treatment in an inpatient unit of a hospital;

(ii) 1. A patient in a general hospice care program as defined in § 19–901 of this article; or

2. Any other patient diagnosed with a terminal illness;

(iii) A patient who resides in:

1. An assisted living facility;

2. A long–term care facility;

3. A comprehensive care facility; or

4. A developmental disabilities facility; or

(4) To treat or prevent acute pain for a period of not more than 14 days following:

(i) A surgical procedure;

(ii) A fracture;

(iii) Significant trauma; or

(iv) Childbirth.

(c) A prescriber may not be required to comply with the provisions of this section when:

(1) Prescribing or dispensing an opioid or a benzodiazepine drug that has been listed by the Secretary under § 21–2A–03(b)(3) of this subtitle as having a low potential for abuse;

(2) Accessing prescription monitoring data would result in a delay in the treatment of a patient that would negatively impact the medical condition of the patient;

(3) Electronic access to prescription monitoring data is not operational as determined by the Department; or

(4) Prescription monitoring data cannot be accessed by the prescriber due to a temporary technological or electrical failure.

(d) If a prescriber does not access prescription monitoring data for any of the reasons provided under subsection (c)(2), (3), or (4) of this section:

(1) The prescriber shall use reasonable medical judgment in determining whether to prescribe or dispense an opioid or a benzodiazepine; and

(2) The prescriber shall enter an appropriate record in the patient's medical chart, including the reason why prescription monitoring data was not accessed.

(e) If a pharmacist or pharmacist delegate has a reasonable belief that a patient may be seeking a monitored prescription drug for any purpose other than the treatment of an existing medical condition:

(1) Before dispensing a monitored prescription drug to the patient, the pharmacist or pharmacist delegate shall request prescription monitoring data to determine if the patient has received other prescriptions that indicate misuse, abuse, or diversion of a monitored prescription drug; and

(2) The pharmacist shall have the responsibility described in 21 C.F.R. § 1306.04.

(f) The Secretary may adopt regulations to provide additional clinical, technical, or administrative exemptions based on new standards of practice.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2021.