Maine Medical Association

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March 10, 2020

To: Senator Geoff Gratwick and Representative Patty Hymanson, Chairs
Joint Committee On Health and Human Services

From: Dan Morin, Director of Communications & Government Affairs

Re: **Neither for Nor Against LD 2117**
An Act To Expand and Rename the Controlled Substances Prescription Monitoring Program

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The Maine Medical Association, representing over 4,300 Maine physicians, is Neither for Nor Against LD 2117. The bill would make Maine the second in the nation to require submission of all dispensed prescription drugs into the Prescription Monitoring Program. The existing Program was developed as a result of Public Law 2003, Chapter 483, "as a means to promote the public health and welfare and to detect and prevent substance abuse." Legislative intent specified the law was, "not intended to interfere with the legitimate medical use of controlled substances" under Schedules II, III and IV. Clinicians began registering for the Program in 2005.

Physicians have long been able to access lists of drugs prescribed and dispensed within their own practices and systems but holes still exist when it comes to getting complete medication histories for some patients, whether across systems or through other providers of care. It's possible the addition of all prescriptions to the database can improve patient safety by assisting providers in recognizing drugs that may have unintended adverse interactions if taken simultaneously, while also monitoring medicinal compliance.

Despite the seemingly positive factors of the proposed legislation, our Neither for Nor Against testimony results from the overly broad nature of the bill as written and uncertainty as to what, if any, additional administrative steps or eventual requirements may be necessary to access the information from an exam room at the practice level. We simply need to know more about intent and implementation.

We would like to specifically reference Section 15 of the bill. While the intent is seemingly to release prescribers and dispensers from an obligation to check the PMP, it would from a practical standpoint require practitioners to check it when taking risk management policies into consideration (e.g., licensing investigations or cases of medical liability).

Finally, while we understand concerns about confidentiality, the Prescription Monitoring Program has strict controls over access and use while fully complying with HIPAA. It is also important to realize the permissible disclosure of information under current state law covering physicians is limited to information relating to the records of patients under their care or patients treated by employed staff or providers under their supervision or delegation. LD 2117 does not change that but does expand the universe of accessible prescriptions that have been dispensed.

Thank you for the opportunity to provide our comments on LD 2117. As always, we are willing and accessible to discuss, or provide information to stakeholders and Committee members between now and the work session.



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