An Act To Prevent Opiate Abuse by Strengthening the Controlled
Substances Prescription Monitoring Program

Reference to the Committee on Health and Human Services suggested and ordered printed.

Presented by Senator CUSHING of Penobscot. (GOVERNOR'S BILL)
Cosponsored by Representative McCabe of Skowhegan and
Senators: Haskell of Cumberland, Mason of Androscoggin, McCormick of Kennebec,
Representatives: Espling of New Gloucester, Head of Bethel, Peterson of Rumford,
Sanderson of Chelsea, Vachon of Scarborough.
Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §7249, sub-§4, as enacted by PL 2003, c. 483, §1, is amended to read:

4. Immunity from liability. A dispenser or prescriber is immune from liability for disclosure of information if the disclosure was made pursuant to and in accordance with this chapter.

Sec. 2. 22 MRSA §7251, sub-§1, as amended by PL 2011, c. 657, Pt. AA, §70, is further amended to read:

1. Failure to submit information. A dispenser who knowingly fails to submit prescription monitoring information to the department as required by this chapter commits a civil violation for which a fine of $250 per incident, not to exceed $5,000 per calendar year, may be adjudged and is subject to discipline by the Maine Board of Pharmacy pursuant to Title 32, chapter 117, subchapter 4 or by the applicable professional licensing entity.

Sec. 3. 22 MRSA §7253 is enacted to read:

§7253. Prescribers and dispensers required to check prescription monitoring information

1. Prescribers. Upon initial prescription of a benzodiazepine or an opioid to a person and every 90 days for as long as the prescription is renewed, a prescriber shall check prescription monitoring information for records related to that person.

2. Dispensers. Prior to dispensing a benzodiazepine or an opioid to a person, a dispenser shall check prescription monitoring information for records related to that person. 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 that prescription is fraudulent or duplicative.

3. Violation. A person who violates this section commits a civil violation for which a fine of $250 per incident, not to exceed $5,000 per calendar year, may be adjudged.

4. Rulemaking. Notwithstanding section 7252, the department may adopt routine technical rules as defined in Title 5, chapter 375, subchapter 2-A to implement this section.

Sec. 4. 32 MRSA §1062-B is enacted to read:

§1062-B. Requirements regarding prescription of opioid pain medication

1. Limits on opioid prescribing. An individual licensed under this chapter and whose scope of practice includes prescribing medication:

A. Must successfully complete a training course by December 31, 2017 and every 5 years thereafter on the prescription of opioid pain medication that has been approved
by the Department of Health and Human Services as a condition of prescribing opioid
pain medications. The department shall make publicly available a list of approved
opioid prescription training courses:

B. May not prescribe in excess of 100 morphine milligram equivalents of an opioid
pain medication per day to any one patient:

C. May not prescribe within a 15-day period more than a 15-day supply of an opioid
pain medication to a patient under treatment for chronic pain;

D. May not prescribe within a 3-day period more than a 3-day supply of an opioid
pain medication to a patient under treatment for acute pain; and

E. Beginning January 1, 2018, may only prescribe opioid pain medications
electronically.

2. Penalties. An individual who violates this section commits a civil violation for
which a fine of $250 per violation, not to exceed $5,000 per calendar year, may be
adjudged. The Department of Health and Human Services is responsible for the
enforcement of this section.

Sec. 5. 32 MRSA §1077, sub-§2, ¶H, as amended by PL 1993, c. 600, Pt. A,
§62, is further amended to read:

H. A violation of this chapter or a rule adopted by the board; or

Sec. 6. 32 MRSA §1077, sub-§2, ¶I, as enacted by PL 1983, c. 378, §7, is
amended to read:

I. Engaging in false, misleading or deceptive advertising;

Sec. 7. 32 MRSA §1077, sub-§2, ¶J is enacted to read:

J. Failure to comply with the requirements of Title 22, section 7251, subsection 1 or
Title 22, section 7253.

Sec. 8. 32 MRSA §2105-A, sub-§2, ¶H, as amended by PL 1993, c. 600, Pt. A,
§116, is further amended to read:

H. A violation of this chapter or a rule adopted by the board; or

Sec. 9. 32 MRSA §2105-A, sub-§2, ¶I, as enacted by PL 1983, c. 378, §21, is
further amended to read:

I. Engaging in false, misleading or deceptive advertising; or

Sec. 10. 32 MRSA §2105-A, sub-§2, ¶J is enacted to read:

J. Failure to comply with the requirements of Title 22, section 7251, subsection 1 or
Title 22, section 7253.

Sec. 11. 32 MRSA §2210 is enacted to read:
§2210. Requirements regarding prescription of opioid pain medication

1. Limits on opioid prescribing. An individual licensed under this subchapter:
   A. Must successfully complete a training course by December 31, 2017 and every 5
      years thereafter on the prescription of opioid pain medication that has been approved
      by the Department of Health and Human Services as a condition of prescribing opioid
      pain medications. The department shall make publicly available a list of approved
      opioid prescription training courses;
   B. May not prescribe in excess of 100 morphine milligram equivalents of an opioid
      pain medication per day to any one patient;
   C. May not prescribe within a 15-day period more than a 15-day supply of an opioid
      pain medication to a patient under treatment for chronic pain;
   D. May not prescribe within a 3-day period more than a 3-day supply of an opioid
      pain medication to a patient under treatment for acute pain; and
   E. Beginning January 1, 2018, may only prescribe opioid pain medications
      electronically.

2. Penalties. An individual who violates this section commits a civil violation for
   which a fine of $250 per violation, not to exceed $5,000 per calendar year, may be
   adjudged. The Department of Health and Human Services is responsible for the
   enforcement of this section.

Sec. 12. 32 MRSA §2591-A, sub-§2, ¶M, as amended by PL 1997, c. 680, Pt. B,
§6, is further amended to read:

   M. Failure to comply with the requirements of Title 24, section 2905-A; or

Sec. 13. 32 MRSA §2591-A, sub-§2, ¶N, as enacted by PL 1997, c. 680, Pt. B,
§7, is amended to read:

   N. Revocation, suspension or restriction of a license to practice medicine or other
      disciplinary action; denial of an application for a license; or surrender of a license to
      practice medicine following the institution of disciplinary action by another state or a
      territory of the United States or a foreign country if the conduct resulting in the
      disciplinary or other action involving the license would, if committed in this State,
      constitute grounds for discipline under the laws or rules of this State; or

Sec. 14. 32 MRSA §2591-A, sub-§2, ¶O is enacted to read:

   O. Failure to comply with the requirements of Title 22, section 7251, subsection 1 or
      Title 22, section 7253.

Sec. 15. 32 MRSA §2600-C is enacted to read:

§2600-C. Requirements regarding prescription of opioid pain medication

1. Limits on opioid prescribing. An individual licensed under this chapter:
A. Must successfully complete a training course by December 31, 2017 and every 5 years thereafter on the prescription of opioid pain medication that has been approved by the Department of Health and Human Services as a condition of prescribing opioid pain medications. The department shall make publicly available a list of approved opioid prescription training courses;

B. May not prescribe in excess of 100 morphine milligram equivalents of an opioid pain medication per day to any one patient;

C. May not prescribe within a 15-day period more than a 15-day supply of an opioid pain medication to a patient under treatment for chronic pain;

D. May not prescribe within a 3-day period more than a 3-day supply of an opioid pain medication to a patient under treatment for acute pain; and

E. Beginning January 1, 2018, may only prescribe opioid pain medications electronically.

2. Penalties. An individual who violates this section commits a civil violation for which a fine of $250 per violation, not to exceed $5,000 per calendar year, may be adjudged. The Department of Health and Human Services is responsible for the enforcement of this section.

Sec. 16. 32 MRSA §3282-A, sub-§2, ¶¶Q and R, as enacted by PL 2013, c. 355, §12, are amended to read:

Q. Failure to produce upon request of the board any documents in the licensee's possession or under the licensee's control concerning a pending complaint or proceeding or any matter under investigation by the board, unless otherwise prohibited by state or federal law; or

R. Failure to timely respond to a complaint notification sent by the board; or

Sec. 17. 32 MRSA §3282-A, sub-§2, ¶S is enacted to read:

S. Failure to comply with the requirements of Title 22, section 7251, subsection 1 or Title 22, section 7253.

Sec. 18. 32 MRSA §3300-F is enacted to read:

§3300-F. Requirements regarding prescription of opioid pain medication

1. Limits on opioid prescribing. An individual licensed under this chapter:

A. Must successfully complete a training course by December 31, 2017 and every 5 years thereafter on the prescription of opioid pain medication that has been approved by the Department of Health and Human Services as a condition of prescribing opioid pain medications. The department shall make publicly available a list of approved opioid prescription training courses;

B. May not prescribe in excess of 100 morphine milligram equivalents of an opioid pain medication per day to any one patient;
C. May not prescribe within a 15-day period more than a 15-day supply of an opioid pain medication to a patient under treatment for chronic pain;

D. May not prescribe within a 3-day period more than a 3-day supply of an opioid pain medication to a patient under treatment for acute pain; and

E. Beginning January 1, 2018, may only prescribe opioid pain medications electronically.

2. Penalties. An individual who violates this section commits a civil violation for which a fine of $250 per violation, not to exceed $5,000 per calendar year, may be adjudged. The Department of Health and Human Services is responsible for the enforcement of this section.

Sec. 19. 32 MRSA §3656, sub-§§3 and 4, as enacted by PL 2007, c. 402, Pt. P, §14, are amended to read:

3. False advertising. Engaging in false, misleading or deceptive advertising; or

4. Unlawful prescription of controlled substance. Prescribing narcotic or hypnotic or other drugs listed as controlled substances by the federal Drug Enforcement Administration for other than accepted therapeutic purposes; or

Sec. 20. 32 MRSA §3656, sub-§5 is enacted to read:

5. Controlled Substances Prescription Monitoring Program. Failure to comply with the requirements of Title 22, section 7251, subsection 1 or Title 22, section 7253.

Sec. 21. 32 MRSA §3657 is enacted to read:

§3657. Requirements regarding prescription of opioid pain medication

1. Limits on opioid prescribing. An individual licensed under this chapter:

A. Must successfully complete a training course by December 31, 2017 and every 5 years thereafter on the prescription of opioid pain medication that has been approved by the Department of Health and Human Services as a condition of prescribing opioid pain medications. The department shall make publicly available a list of approved opioid prescription training courses;

B. May not prescribe in excess of 100 morphine milligram equivalents of an opioid pain medication per day to any one patient;

C. May not prescribe within a 15-day period more than a 15-day supply of an opioid pain medication to a patient under treatment for chronic pain;

D. May not prescribe within a 3-day period more than a 3-day supply of an opioid pain medication to a patient under treatment for acute pain; and

E. Beginning January 1, 2018, may only prescribe opioid pain medications electronically.
2. Penalties. An individual who violates this section commits a civil violation for which a fine of $250 per violation, not to exceed $5,000 per calendar year, may be adjudged. The Department of Health and Human Services is responsible for the enforcement of this section.

SUMMARY

This bill makes the following changes to the laws governing the Controlled Substances Prescription Monitoring Program and the prescribing and dispensing of opioids and other drugs.

1. It provides to a prescriber immunity from liability for disclosure of information to the Controlled Substances Prescription Monitoring Program.

2. It provides that upon initial prescription of a benzodiazepine or an opioid to a person and every 90 days for as long as the prescription is renewed, a prescriber must check prescription monitoring information maintained by the Controlled Substances Prescription Monitoring Program for records related to that person. A prescriber who violates this provision is subject to a fine of $250 per incident, not to exceed $5,000 per calendar year.

3. It provides that prior to dispensing a benzodiazepine or an opioid to a person, a dispenser must check prescription monitoring information maintained by the Controlled Substances Prescription Monitoring Program for records related to that person. A dispenser must 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 that prescription is fraudulent or duplicative. A dispenser who violates these provisions is subject to a fine of $250 per incident, not to exceed $5,000 per calendar year.

4. It provides that the failure of a health care provider who is a prescriber or dispenser to check prescription monitoring information or to submit prescription monitoring information to the Department of Health and Human Services as required by law is grounds for discipline of that health care provider.

5. It requires that by December 31, 2017 and every 5 years thereafter a health care provider who is a prescriber must successfully complete a training course on the prescription of opioid pain medication that has been approved by the Department of Health and Human Services as a condition of prescribing opioid pain medications.

6. It sets limits on the amount of opioid pain medication that may be prescribed to a patient.

7. It provides that beginning January 1, 2018, opioid pain medication may only be prescribed electronically.