

# MaineHealth

## FACT SHEET Implementation of Public Law Chapter 488

“An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program.”

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### **Background:**

This bill makes four major changes to opioid prescribing:

1. It mandates use of the State’s Prescription Monitoring Program and expands those who use it;
2. Enacts strict limits on opioid prescribing for acute and chronic pain;
3. Mandates education for opioid prescribers;
4. Mandates electronic prescribing of opioids.

This provides an opportunity to improve the care we deliver to our patients.

### **Prescription Monitoring Program (PMP)**

- **Requires prescribers to check the PMP upon initial prescription of a benzodiazepine or an opioid, and every 90 days thereafter for as long as the prescription is renewed.**  
This provision does not apply when a benzodiazepine or an opioid is ordered or administered in an emergency room, an inpatient hospital, a long term care facility or a residential care facility
- **Requires dispensers to check the PMP prior to dispensing a benzodiazepine or opioid under the following circumstances:**
  - A. The person is not a resident of the 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 a prescription insurance on file;
  - D. According to the pharmacy record, the person has not had a prescription for a benzodiazepine or an opioid medication in the previous 12 months.
- Requires that dispensers notify the program and withhold a prescription until the dispenser is able to contact the prescriber if the dispenser has reason to believe that the prescription is fraudulent or duplicative
- Adds veterinarians to definition of prescriber

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- Allows staff authorized by the Chief Medical Officer of a hospital to access the PMP for patients of the hospital or emergency department
- Allows on-duty pharmacists to authorize staff to access the PMP for customers filling prescriptions
- Requires the Department of Health and Human Services to include enhancements to the PMP, including a calculator to convert dosages to and from MMEs and increased access for staff members of prescribers to access the program with authorization, in a request for proposals process

## **Limits on Prescribing**

7/29/16 – Limits new opioid prescriptions, or an aggregate of multiple opioid prescriptions, to no more than 100 MMEs per day.

7/29/16 until 7/1/17 – For patients with active prescriptions that exceed 100 MMEs per day, opioid prescriptions must be limited to a total of 300 MMEs per day.

7/1/17 – New and existing prescriptions for opioid medications are limited to 100 MMEs per patient.

### **Exceptions:**

- Medical necessity that is documented in the patient's record. This expires the later of 1/1/17 or the effective date of DHHS rulemaking
- Pain for active and aftercare cancer treatment
- Palliative care in conjunction with a serious illness
- End of life and hospice care
- Medication-assisted treatment for Substance Abuse Disorder
- Opioid directly prescribed or ordered in an emergency room, an inpatient hospital setting or a long-term care or residential treatment facility; or
- Other circumstances to be defined in rule by 1/1/2017

Effective 1/1/17 – Opioid prescriptions for acute pain limited to 7 day supply within a 7 day period (renewable) Opioid prescriptions for chronic pain limited to a 30 day supply within a 30 day period (renewable).

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## **Education**

12/31/17 – As a condition of prescribing opioid medications, all prescribers must complete 3 hours of Continuing Medical Education (CME) on the prescription of opioid medication every 2 years.

## **Electronic Prescribing**

7/1/17 – all prescribers “with the capability” must prescribe opioids electronically. A waiver from DHHS must be requested if compliance cannot be met.

## **Penalties**

Individuals who violate this law may be subject to civil penalties of \$250 per violation, not to exceed \$5,000 per calendar year.

## **For more information, please contact:**

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