



Karen Saylor, MD, President | Jeffrey S. Barkin, MD, President-Elect | Erik N. Steele, DO, FAAFP, Chair, Board of Directors
Andrew B. MacLean, JD, CEO | Dan Morin, Director of Communications & Government Affairs

TO: The Honorable Ned Claxton, Chair
The Honorable Michele Meyer, Chair
Members, Joint Standing Committee On Health and Human Services

FM: Dan Morin, Director of Communications and Government Affairs

DATE: April 1, 2021

RE: **Neither for Nor Against with suggested amendment**
LD 799, An Act To Amend the Procedures for Veterinarians in the Controlled Substances Prescription Monitoring Program

The Maine Medical Association is the state's largest professional physician organization representing more than 4300 physicians, residents, and medical students across all clinical specialties, organizations, and practice settings.

While we have no position on LD 799, An Act To Amend the Procedures for Veterinarians in the Controlled Substances Prescription Monitoring Program, as written, we do have a respectful request for what we believe to be a straightforward amendment to improve the intent of the our prescription monitoring program and to provide better patient care by independent, community based physicians.

The purposes of prescription monitoring programs are to help reduce potential misuse of and overdose deaths from opioid prescriptions while supporting access to the legitimate medical use of controlled substances as well as to identify, deter or prevent drug abuse and diversion. They provide access to a patient's prescriptive history for US Drug Enforcement Administration (DEA) scheduled and controlled substances such as opioids and benzodiazepines.

The passage of [P.L. 2017, Chapter 213](#) included the ability for the chief medical officer, medical director or other administrative prescriber employed by a licensed hospital to access

prescriptions written by prescribers employed by that licensed hospital. The intent for granting such access was to better oversee the prescription practices of their employed clinicians to ensure effective prescribing practices, and to assist in possibly identifying and helping clinicians treating patients for pain who may also suffer from substance use disorder towards treatment. Use of such data in other environments has already enhanced patient safety and helps countless clinicians and supervisors better evaluate a patient's treatment as it pertains to controlled substance prescribing and dispensing.

Access to someone's healthcare records by a medical provider typically requires a direct health care-related relationship with the patient in question. No clinician or staff member should be accessing protected information however, without a medical need. This amendment will not change that. However, it will give larger independent, community physician practice chief medical officers the same public safety tool currently afforded their hospital and health system-based colleagues.

We recently reached out directly to the Maine Veterinary Association to ask their permission to come before you today with our suggested amendment and greatly appreciate their willingness to listen to our reasoning and support our efforts. However, we have committed to the MVA, and do the same before you today, that we will pull back our request should it cause any concerns that may take away support of the bill as written.

Thank you for allowing us to present our suggested amendment. It is our sincere hope you will accept it and allow larger independent, community physician practices the same ability to combat the heartbreaking and life-threatening opioid use epidemic. We will be available to answer any questions prior to the work session and intend to be in virtual attendance for the discussion.

LD 2117, An Act To Expand and Rename the Controlled Substances Prescription Monitoring Program

129th Legislature

Sec. 4. 22 MRSA §7246, sub-§2-A is enacted to read:

2-A. Federally qualified health center. "Federally qualified health center" means a health center receiving a reimbursement designation from the United States Department of Health and Human Services, Bureau of Primary Health Care and Centers for Medicare and Medicaid Services or a health center determined by the Secretary of the United States Department of Health and Human Services to meet the requirements for receiving a grant based on recommendations of the federal Health Resources and Services Administration.

Sec. 6. 22 MRSA §7246, sub-§3-A is enacted to read:

3-A. Medical practice. "Medical practice" means a location where one or more licensed health care professionals with authority to prescribe controlled substances or prescription drugs provide health care services.

Sec. 14. 22 MRSA §7250, sub-§4, ¶K, as amended by PL 2017, c. 213, §6, is further amended to read:

K. The chief medical officer, medical director or other administrative prescriber employed by a licensed hospital, federally qualified health center or medical practice, insofar as the information relates to prescriptions written by prescribers employed by that licensed hospital, federally qualified health center or medical practice; and

P.L. 2017, Ch. 213, An Act To Clarify the Opioid Medication Prescribing Limits Laws

128th Session: LD 1031, An Act To Clarify the Opioid Medication Prescribing Limits Laws

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