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H.P. 1192 House of Representatives, April 30, 2019

An Act To Require Certain Health Care Providers To Provide Patients Detailed Information on the Risks Associated with the Use of Opioid Medications and Schedule II Drugs

(AFTER DEADLINE)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 205.

Reference to the Committee on Health Coverage, Insurance and Financial Services suggested and ordered printed.

Robert B. Hunt

ROBERT B. HUNT
Clerk

Presented by Representative PICKETT of Dixfield.
Cosponsored by Senator FOLEY of York and
Representatives: ANDREWS of Paris, JAVNER of Chester, MADIGAN of Waterville, MORALES of South Portland, MORRIS of Turner, PRESCOTT of Waterboro, TEPLER of Topsham, WARREN of Hallowell.

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 32 MRSA §2210, sub-§6, as enacted by PL 2017, c. 186, §1, is amended to read:

6. Opioid medication policy. No later than January 1, 2018, a health care entity that includes an individual licensed under this chapter whose scope of practice includes prescribing opioid medication must have in place an opioid medication prescribing policy that applies to all prescribers of opioid medications employed by the entity. The policy must include, but is not limited to, procedures and practices related to risk assessment, informed consent and counseling on the risk of opioid use. The policy must be consistent with subsection 7. For the purposes of this subsection, "health care entity" has the same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

Sec. 2. 32 MRSA §2210, sub-§7 is enacted to read:

7. Opioid medication and schedule II drug information disclosure. Prior to issuing an initial prescription and prior to issuing a 3rd prescription after October 31, 2019 of any opioid medication or a medication that is a schedule II drug to a patient, an individual licensed under this chapter whose scope of practice includes prescribing opioid medication or medication that is a schedule II drug shall inform the patient of the following:

A. The risks associated with the use of the medication, specifically, that the medication is highly addictive even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the medication and that taking more of the medication than prescribed or mixing sedatives, alcohol, benzodiazepines or other central nervous system depressants with the medication can result in fatal respiratory depression;

B. The reasons why the medication is necessary; and

C. Alternative treatments that may be available.

The prescriber shall include a note in the patient's medical record that the prescriber has discussed the information in this subsection with the patient or the patient's parent or legal guardian if the patient is a minor.

For the purposes of this subsection, "schedule II drug" has the same meaning as in the federal Controlled Substances Act of 1970, 21 United States Code, Section 812.

Sec. 3. 32 MRSA §2600-C, sub-§6, as enacted by PL 2017, c. 186, §2, is amended to read:

6. Opioid medication policy. No later than January 1, 2018, a health care entity that includes an individual licensed under this chapter whose scope of practice includes prescribing opioid medication must have in place an opioid medication prescribing policy that applies to all prescribers of opioid medications employed by the entity. The policy must include, but is not limited to, procedures and practices related to risk assessment, informed consent and counseling on the risk of opioid use. The policy must be consistent

with subsection 7. For the purposes of this subsection, "health care entity" has the same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

Sec. 4. 32 MRSA §2600-C, sub-§7 is enacted to read:

7. Opioid medication and schedule II drug information disclosure. Prior to issuing an initial prescription and prior to issuing a 3rd prescription after October 31, 2019 of any opioid medication or a medication that is a schedule II drug to a patient, an individual licensed under this chapter whose scope of practice includes prescribing opioid medication or medication that is a schedule II drug shall inform the patient of the following:

A. The risks associated with the use of the medication, specifically, that the medication is highly addictive even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the medication and that taking more of the medication than prescribed or mixing sedatives, alcohol, benzodiazepines or other central nervous system depressants with the medication can result in fatal respiratory depression;

B. The reasons why the medication is necessary; and

C. Alternative treatments that may be available.

The prescriber shall include a note in the patient's medical record that the prescriber has discussed the information in this subsection with the patient or the patient's parent or legal guardian if the patient is a minor.

For the purposes of this subsection, "schedule II drug" has the same meaning as in the federal Controlled Substances Act of 1970, 21 United States Code, Section 812.

Sec. 5. 32 MRSA §3300-F, sub-§6, as enacted by PL 2017, c. 186, §3, is amended to read:

6. Opioid medication policy. No later than January 1, 2018, a health care entity that includes an individual licensed under this chapter whose scope of practice includes prescribing opioid medication must have in place an opioid medication prescribing policy that applies to all prescribers of opioid medications employed by the entity. The policy must include, but is not limited to, procedures and practices related to risk assessment, informed consent and counseling on the risk of opioid use. The policy must be consistent with subsection 7. For the purposes of this subsection, "health care entity" has the same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

Sec. 6. 32 MRSA §3300-F, sub-§7 is enacted to read:

7. Opioid medication and schedule II drug information disclosure. Prior to issuing an initial prescription and prior to issuing a 3rd prescription after October 31, 2019 of any opioid medication or a medication that is a schedule II drug to a patient, an individual licensed under this chapter whose scope of practice includes prescribing opioid medication or medication that is a schedule II drug shall inform the patient of the following:

A. The risks associated with the use of the medication, specifically, that the medication is highly addictive even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the medication and that taking more of the medication than prescribed or mixing sedatives, alcohol, benzodiazepines or other central nervous system depressants with the medication can result in fatal respiratory depression;

B. The reasons why the medication is necessary; and

C. Alternative treatments that may be available.

The prescriber shall include a note in the patient's medical record that the prescriber has discussed the information in this subsection with the patient or the patient's parent or legal guardian if the patient is a minor.

For the purposes of this subsection, "schedule II drug" has the same meaning as in the federal Controlled Substances Act of 1970, 21 United States Code, Section 812.

Sec. 7. 32 MRSA §3657, sub-§6, as enacted by PL 2017, c. 186, §4, is amended to read:

6. Opioid medication policy. No later than January 1, 2018, a health care entity that includes an individual licensed under this chapter whose scope of practice includes prescribing opioid medication must have in place an opioid medication prescribing policy that applies to all prescribers of opioid medications employed by the entity. The policy must include, but is not limited to, procedures and practices related to risk assessment, informed consent and counseling on the risk of opioid use. The policy must be consistent with subsection 7. For the purposes of this subsection, "health care entity" has the same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

Sec. 8. 32 MRSA §3657, sub-§7 is enacted to read:

7. Opioid medication and schedule II drug information disclosure. Prior to issuing an initial prescription and prior to issuing a 3rd prescription after October 31, 2019 of any opioid medication or a medication that is a schedule II drug to a patient, an individual licensed under this chapter whose scope of practice includes prescribing opioid medication or medication that is a schedule II drug shall inform the patient of the following:

A. The risks associated with the use of the medication, specifically, that the medication is highly addictive even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the medication and that taking more of the medication than prescribed or mixing sedatives, alcohol, benzodiazepines or other central nervous system depressants with the medication can result in fatal respiratory depression;

B. The reasons why the medication is necessary; and

C. Alternative treatments that may be available.

The prescriber shall include a note in the patient's medical record that the prescriber has discussed the information in this subsection with the patient or the patient's parent or legal guardian if the patient is a minor.

For the purposes of this subsection, "schedule II drug" has the same meaning as in the federal Controlled Substances Act of 1970, 21 United States Code, Section 812.

Sec. 9. 32 MRSA §18308, sub-§6, as enacted by PL 2017, c. 186, §5, is amended to read:

6. Opioid medication policy. No later than January 1, 2018, a health care entity that includes an individual licensed under this chapter whose scope of practice includes prescribing opioid medication must have in place an opioid medication prescribing policy that applies to all prescribers of opioid medications employed by the entity. The policy must include, but is not limited to, procedures and practices related to risk assessment, informed consent and counseling on the risk of opioid use. The policy must be consistent with subsection 7. For the purposes of this subsection, "health care entity" has the same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

Sec. 10. 32 MRSA §18308, sub-§7 is enacted to read:

7. Opioid medication and schedule II drug information disclosure. Prior to issuing an initial prescription and prior to issuing a 3rd prescription after October 31, 2019 of any opioid medication or a medication that is a schedule II drug to a patient, an individual licensed under this chapter whose scope of practice includes prescribing opioid medication or medication that is a schedule II drug shall inform the patient of the following:

A. The risks associated with the use of the medication, specifically, that the medication is highly addictive even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the medication and that taking more of the medication than prescribed or mixing sedatives, alcohol, benzodiazepines or other central nervous system depressants with the medication can result in fatal respiratory depression;

B. The reasons why the medication is necessary; and

C. Alternative treatments that may be available.

The prescriber shall include a note in the patient's medical record that the prescriber has discussed the information in this subsection with the patient or the patient's parent or legal guardian if the patient is a minor.

For the purposes of this subsection, "schedule II drug" has the same meaning as in the federal Controlled Substances Act of 1970, 21 United States Code, Section 812.

SUMMARY

This bill requires a health care provider who is a prescriber of any opioid medication or a medication that is a schedule II drug, before issuing an initial prescription and before issuing a 3rd prescription of an opioid medication or a medication that is a schedule II

drug, to inform a patient of the risks of using the medication, the reason the medication is necessary and alternative treatments that may be available. It also requires the health care provider to include a note in the patient's medical record that the health care provider discussed the information with the patient.