

## 128th MAINE LEGISLATURE

## FIRST REGULAR SESSION-2017

**Legislative Document** 

No. 1325

H.P. 919

House of Representatives, April 4, 2017

An Act Regarding Opioids and Palliative Care

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

ROBERT B. HUNT

Clerk

Presented by Representative BROOKS of Lewiston.

2 3	<b>Sec. 1. 32 MRSA §2210, sub-§2, ¶A,</b> as enacted by PL 2015, c. 488, §13, is amended to read:
4	A. When prescribing opioid medication to a patient for:
5	(1) Pain associated with active and aftercare cancer treatment;
6 7 8	(2) Palliative care, as defined in Title 22, section 1726, subsection 1, paragraph A, in conjunction with a serious illness, as defined in Title 22, section 1726 subsection 1, paragraph B;
9 10 11 12 13	(2-A) Palliative care, as defined in Title 22, section 1726, subsection 1, paragraph A, under a management plan that is submitted by the individual licensed under this chapter and approved by the Department of Health and Human Services and that documents the need for ongoing treatment of the patient that exceeds the limits under subsection 1;
14	(3) End-of-life and hospice care;
15	(4) Medication-assisted treatment for substance use disorder; or
16 17	(5) Other circumstances determined in rule by the Department of Health and Human Services pursuant to Title 22, section 7254, subsection 2; and
18 19	<b>Sec. 2. 32 MRSA §2600-C, sub-§2,</b> ¶ <b>A,</b> as enacted by PL 2015, c. 488, §17, is amended to read:
20	A. When prescribing opioid medication to a patient for:
21	(1) Pain associated with active and aftercare cancer treatment;
22 23 24	(2) Palliative care, as defined in Title 22, section 1726, subsection 1, paragraph A, in conjunction with a serious illness, as defined in Title 22, section 1726 subsection 1, paragraph B;
25 26 27 28 29	(2-A) Palliative care, as defined in Title 22, section 1726, subsection 1, paragraph A, under a management plan that is submitted by the individual licensed under this chapter and approved by the Department of Health and Human Services and that documents the need for ongoing treatment of the patient that exceeds the limits under subsection 1;
30	(3) End-of-life and hospice care;
31	(4) Medication-assisted treatment for substance use disorder; or
32 33	(5) Other circumstances determined in rule by the Department of Health and Human Services pursuant to Title 22, section 7254, subsection 2; and
34 35	<b>Sec. 3. 32 MRSA §3300-F, sub-§2, ¶A,</b> as enacted by PL 2015, c. 488, §20, is amended to read:
36	A. When prescribing opioid medication to a patient for:
37	(1) Pain associated with active and aftercare cancer treatment:

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

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1 2 3	(2) Palliative care, as defined in Title 22, section 1726, subsection 1, paragraph A, in conjunction with a serious illness, as defined in Title 22, section 1726, subsection 1, paragraph B;
4 5 6 7 8	(2-A) Palliative care, as defined in Title 22, section 1726, subsection 1, paragraph A, under a management plan that is submitted by the individual licensed under this chapter and approved by the Department of Health and Human Services and that documents the need for ongoing treatment of the patient that exceeds the limits under subsection 1;
9	(3) End-of-life and hospice care;
10	(4) Medication-assisted treatment for substance use disorder; or
11 12	(5) Other circumstances determined in rule by the Department of Health and Human Services pursuant to Title 22, section 7254, subsection 2; and
13 14	<b>Sec. 4. 32 MRSA §3657, sub-§2, ¶A,</b> as enacted by PL 2015, c. 488, §23, is amended to read:
15	A. When prescribing opioid medication to a patient for:
16	(1) Pain associated with active and aftercare cancer treatment;
17 18 19	(2) Palliative care, as defined in Title 22, section 1726, subsection 1, paragraph A, in conjunction with a serious illness, as defined in Title 22, section 1726, subsection 1, paragraph B;
20 21 22 23 24	(2-A) Palliative care, as defined in Title 22, section 1726, subsection 1, paragraph A, under a management plan that is submitted by the individual licensed under this chapter and approved by the Department of Health and Human Services and that documents the need for ongoing treatment of the patient that exceeds the limits under subsection 1;
25	(3) End-of-life and hospice care;
26	(4) Medication-assisted treatment for substance use disorder; or
27 28	(5) Other circumstances determined in rule by the Department of Health and Human Services pursuant to Title 22, section 7254, subsection 2; and
29 30	<b>Sec. 5. 32 MRSA §18308, sub-§2, ¶A,</b> as enacted by PL 2015, c. 488, §32, is amended to read:
31	A. When prescribing opioid medication to a patient for:
32	(1) Pain associated with active and aftercare cancer treatment;
33 34 35	(2) Palliative care, as defined in Title 22, section 1726, subsection 1, paragraph A, in conjunction with a serious illness, as defined in Title 22, section 1726, subsection 1, paragraph B;
36 37 38	(2-A) Palliative care, as defined in Title 22, section 1726, subsection 1, paragraph A, under a management plan that is submitted by the individual licensed under this chapter and approved by the Department of Health and Human Services and

l	that documents the need for ongoing treatment of the patient that exceeds the
2	limits under subsection 1;
3	(3) End-of-life and hospice care;
4	(4) Medication-assisted treatment for substance use disorder; or
5	(5) Other circumstances determined in rule by the Department of Health and
6	Human Services pursuant to Title 22, section 7254, subsection 2; and
7	SUMMARY
8	This bill allows an exemption from the limits on opioid medication prescribing for a
9	patient receiving palliative care under a management plan that is submitted by a licensed
10	medical professional caring for the patient and approved by the Department of Health and
11	Human Services and that documents the need for ongoing treatment of the patient that
12	exceeds the limits on opioid medication prescribing.