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Date: (Filing No. H-)

HEALTH AND HUMAN SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
128TH LEGISLATURE
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 940, L.D. 1363, “Resolve, Regarding Legislative Review of Portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, a Late-filed Major Substantive Rule of the Department of Health and Human Services”

Amend the resolve by striking out all of section 1 and inserting the following:

Sec. 1. Adoption. Resolved: That final adoption of portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, a provisionally adopted major substantive rule of the Department of Health and Human Services that has been submitted to the Legislature for review pursuant to the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A outside the legislative rule acceptance period, is authorized only if:

1. Cancer aftercare. In Section 4, subsection A, paragraph 4, subparagraph b, division (i) in the portion of the rule that is a routine technical rule, Exemption Code A for active and aftercare cancer treatment must be amended to remove the 6-month limit for aftercare cancer treatment post remission;

2. Second prescriptions for opioids. In Section 4, subsection A, paragraph 4, subparagraph b, division (i) in the portion of the rule that is a routine technical rule, Exemption Code H is amended to provide that if an individual is prescribed a 2nd opioid after proving unable to tolerate a first opioid, the individual is not required to return the initial prescription to a pharmacy for collection prior to dispensation of the 2nd prescription. The department shall recommend to dispensers that a patient be provided with guidance on proper disposal of the first opioid prescription;

3. Early refills. In Section 4, subsection B of the rule, a new paragraph 3 is added to allow for dispensers to provide an early refill of a prescription to an individual before the refill date if, in the judgment of the dispenser, the early refill does not represent a pattern of early refill requests by the individual;

COMMITTEE AMENDMENT

1 The 5th required modification is to establish a process for a dispenser who receives a
2 prescription for an opioid medication from an out-of-state prescriber that does not comply
3 with department rules. The dispenser may fill the prescription if the dispenser records an
4 oral confirmation with the validity of the prescription from the out-of-state prescriber and
5 documents any missing information such as diagnosis code, exemption code and acute or
6 chronic pain notation and the dispenser makes a reasonable effort to determine that the
7 oral confirmation came from the prescriber or prescriber's agent, which may include a
8 telephone call to the prescriber's telephone number listed in a telephone directory or other
9 directory.

10 The 6th required modification is to delay the requirement for dispensers to provide
11 information to the Prescription Monitoring Program on the exemption code and ICD-10
12 code until July 1, 2018 and allow the Department of Health and Human Services to
13 approve waivers after July 1, 2018 for dispensers who are unable with good cause to
14 comply with the requirement.