

Department of Legislative Services
 Maryland General Assembly
 2018 Session

FISCAL AND POLICY NOTE
 First Reader

House Bill 1716 (Delegate Kipke)
 Health and Government Operations

Prescription Drug Monitoring Program - Prescription Monitoring Data -
 Insurance Carriers

This bill requires the Prescription Drug Monitoring Program (PDMP) to disclose prescription monitoring data to a health insurance carrier for the purpose of (1) determining medical necessity of a prescription drug claim; (2) enhancing or coordinating patient care; or (3) assisting the treating provider’s clinical decision making. **The bill takes effect July 1, 2018.**

Fiscal Summary

State Effect: General fund expenditures increase by at least \$72,200 in FY 2019. Future years reflect elimination of one-time start-up costs. Revenues are not affected.

(in dollars)	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	72,200	67,700	69,700	72,300	74,900
Net Effect	(\$72,200)	(\$67,700)	(\$69,700)	(\$72,300)	(\$74,900)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: The bill does not affect governmental operations or finances.

Small Business Effect: None.

Analysis

Current Law: Chapter 166 of 2011 established PDMP to assist with the identification and prevention of prescription drug abuse and the identification and investigation of unlawful prescription drug diversion. PDMP must monitor the prescribing and dispensing

of Schedule II through V controlled dangerous substances (CDS). Since July 1, 2017, all CDS dispensers have been required to register with PDMP. Beginning July 1, 2018, a prescriber must (1) request at least the prior four months of prescription monitoring data for a patient before initiating a course of treatment that includes prescribing or dispensing an opioid or a benzodiazepine; (2) request prescription monitoring data for the patient at least every 90 days until the course of treatment has ended; and (3) assess prescription monitoring data before deciding whether to prescribe or dispense – or continue prescribing or dispensing – an opioid or a benzodiazepine. A prescriber is not required to request prescription monitoring data if the opioid or benzodiazepine is prescribed or dispensed to specified individuals and in other specified circumstances.

Prescription monitoring data are confidential and privileged and are not subject to discovery, subpoena, or other means of legal compulsion in civil litigation. Prescription monitoring data are not public records and may not be disclosed to any person except as specifically authorized. The program must disclose prescription monitoring data, in accordance with regulations adopted by the Secretary of Health, to:

- a prescriber, or a licensed health care practitioner authorized by the prescriber, in connection with the medical care of a patient;
- a dispenser, or a licensed health care practitioner authorized by the dispenser, in connection with the dispensing of a monitored prescription drug;
- a federal, State, or local law enforcement agency, on issuance of a subpoena, for an existing bona fide individual investigation;
- specified licensing entities, on issuance of an administrative subpoena, for purposes of an existing bona fide investigation of an individual;
- a rehabilitation program under a health occupations board on issuance of an administrative subpoena;
- a patient with respect to prescription monitoring data about the patient;
- an authorized administrator of another state PDMP;
- specific units of the Maryland Department of Health on approval of the Secretary, for the purpose of furthering an existing bona fide individual investigation;
- the technical advisory committee of the program; or
- specified entities, on the approval of the Secretary and for the purpose of furthering an existing bona fide individual case review.

State Expenditures: General fund expenditures increase by \$72,189 in fiscal 2019, which accounts for the bill's July 1, 2018 effective date. This estimate reflects the cost to hire one full-time project coordinator to implement new use cases, process requests from carriers, and provide technical assistance. It includes a salary, fringe benefits, one-time

start-up costs, and ongoing operating expenses. Additional expenditures for information technology upgrades to transfer data to insurance carriers may also be required but are not reflected in this analysis.

Position	1
Salary and Fringe Benefits	\$66,674
One-time Start-up Costs	4,890
Ongoing Operating Expenses	<u>625</u>
Total FY 2019 State Expenditures	\$72,189

Future years reflect a full salary with annual increases and employee turnover and ongoing operating expenses.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Maryland Department of Health; Department of Legislative Services

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