

HB0578/923529/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 578

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “**and P. Young**” and substitute “**P. Young, Pendergrass, Bagnall, Belcastro, Bhandari, Chisholm, Cullison, Hill, Johnson, Kelly, Kerr, Kipke, Krebs, R. Lewis, Morgan, Reilly, Rosenberg, Saab, Szeliga, and K. Young**”; in lines 2 and 3, strike “**Maryland Medical Assistance Programs – Prior Authorization for Drug Products**” and substitute “**Public Health – Medications**”; in line 3, strike “**Prohibition**” and substitute “**Preferred and Nonpreferred Medications**”; strike beginning with “prohibiting” in line 4 down through “products” in line 8 and substitute “**requiring the Maryland Department of Health to adopt a certain reporting system, analyze patterns of prescribing medications in the State, conduct outreach, and identify certain barriers related to prescribing medications to treat an opioid use disorder; and generally relating to medications to treat an opioid use disorder**”; and in line 11, strike “15–150” and substitute “**8–1102 to be under the amended subtitle “Subtitle 11. Opioid Addiction Treatment Prescribers”**”.

AMENDMENT NO. 2

On page 1, strike in their entirety lines 17 through 22, inclusive, and substitute:

“**Subtitle 11. [Availability of] Opioid Addiction Treatment Prescribers.**”

8–1102.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “NONPREFERRED MEDICATION” MEANS A MEDICATION PRESCRIBED TO TREAT AN OPIOID USE DISORDER THAT CONTAINS METHADONE,

BUPRENORPHINE, OR NALTREXONE AND IS NOT ON THE STATE'S PREFERRED DRUG LIST.

(3) "PREFERRED MEDICATION" MEANS A MEDICATION PRESCRIBED TO TREAT AN OPIOID USE DISORDER THAT CONTAINS METHADONE, BUPRENORPHINE, OR NALTREXONE AND IS ON THE STATE'S PREFERRED DRUG LIST.

(B) THE DEPARTMENT SHALL:

(1) ADOPT A REPORTING SYSTEM TO MONITOR THE PRESCRIBING OF MEDICATIONS TO TREAT OPIOID USE DISORDERS IN THE STATE, INCLUDING WHICH MEDICATIONS ARE BEING PRESCRIBED;

(2) ANALYZE PATTERNS OF PRESCRIBING MEDICATIONS IN THE STATE TO IDENTIFY PRESCRIBERS WHO REGULARLY PRESCRIBE NONPREFERRED MEDICATIONS, INCLUDING A COMPARISON OF THE PATTERNS TO THE FINDINGS OF THE REPORT SUBMITTED UNDER SUBSECTION (D) OF THIS SECTION;

(3) CONDUCT OUTREACH TO INDIVIDUALS AUTHORIZED TO PRESCRIBE DRUGS AND DEVICES IN THE STATE USING EDUCATIONAL MATERIALS REGARDING THE BENEFITS OF PRESCRIBING PREFERRED MEDICATIONS; AND

(4) IDENTIFY BARRIERS TO INDIVIDUALS WHO NEED MEDICATION TO TREAT AN OPIOID USE DISORDER TO OBTAINING THE MEDICATION IN A TIMELY MANNER.

(C) ON OR BEFORE OCTOBER 1 EACH YEAR, BEGINNING IN 2023, THE DEPARTMENT SHALL REPORT ON ITS FINDINGS AND ACTIONS TAKEN UNDER SUBSECTION (B) OF THIS SECTION TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY.

(D) ON OR BEFORE OCTOBER 1, 2022, THE DEPARTMENT SHALL SUBMIT A REPORT WITH AN INITIAL ANALYSIS OF THE ITEMS LISTED UNDER SUBSECTION (B) OF THIS SECTION, TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY.”

On page 2, in line 2, strike “October” and substitute “July”.