

HOUSE BILL 1111

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HB 1125/21 – HGO

2lr2500

By: **Delegates Beitzel and McComas**
Introduced and read first time: February 11, 2022
Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Prescription Drug Monitoring Program – Prescribers of Opioids – Notification**
3 **Requirement**

4 FOR the purpose of requiring a prescriber to notify the Prescription Drug Monitoring
5 Program of certain information relating to opioids and opioid reversal drugs if the
6 prescriber prescribes or dispenses an opioid in a certain dosage; prohibiting a
7 prescriber from being required to make a certain notification more than once for each
8 patient; and generally relating to the Prescription Drug Monitoring Program and
9 prescribers of opioids.

10 BY repealing and reenacting, without amendments,
11 Article – Health – General
12 Section 21–2A–02(a)
13 Annotated Code of Maryland
14 (2019 Replacement Volume and 2021 Supplement)

15 BY repealing and reenacting, with amendments,
16 Article – Health – General
17 Section 21–2A–04.2
18 Annotated Code of Maryland
19 (2019 Replacement Volume and 2021 Supplement)

20 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
21 That the Laws of Maryland read as follows:

22 **Article – Health – General**

23 21–2A–02.

24 (a) There is a Prescription Drug Monitoring Program in the Department.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.



1 21-2A-04.2.

2 (a) (1) Beginning July 1, 2018, a prescriber:

3 (i) Shall request at least the prior 4 months of prescription
4 monitoring data for a patient before initiating a course of treatment for the patient that
5 includes prescribing or dispensing an opioid or a benzodiazepine;

6 (ii) Shall, if a patient's course of treatment continues to include
7 prescribing or dispensing an opioid or a benzodiazepine for more than 90 days after the
8 initial request for prescription monitoring data, request prescription monitoring data for
9 the patient at least every 90 days until the course of treatment has ended; and

10 (iii) Shall assess prescription monitoring data requested from the
11 Program before deciding whether to prescribe or dispense or continue prescribing or
12 dispensing an opioid or a benzodiazepine.

13 (2) If a prescriber decides to prescribe or continue to prescribe an opioid or
14 a benzodiazepine after requesting prescription monitoring data from the Program and
15 assessing the prescription monitoring data, the prescriber shall document in the patient's
16 medical record that the prescription monitoring data was requested and assessed.

17 **(3) (I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, IF A**
18 **PRESCRIBER PRESCRIBES OR DISPENSES AN OPIOID IN A DOSAGE OF 50 MORPHINE**
19 **MILLIGRAM EQUIVALENTS OR MORE, THE PRESCRIBER SHALL NOTIFY THE**
20 **PROGRAM WHETHER THE PATIENT:**

21 **1. HAS RECEIVED EDUCATION REGARDING THE RISKS**
22 **ASSOCIATED WITH OPIOID USE;**

23 **2. IS AWARE THAT AN OPIOID OVERDOSE REVERSAL**
24 **DRUG IS AVAILABLE; AND**

25 **3. WAS PRESCRIBED OR DISPENSED AN OPIOID**
26 **OVERDOSE REVERSAL DRUG.**

27 **(II) A PRESCRIBER MAY NOT BE REQUIRED TO MAKE THE**
28 **NOTIFICATION REQUIRED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH MORE**
29 **THAN ONCE FOR EACH PATIENT.**

30 (b) A prescriber is not required to request prescription monitoring data from the
31 Program if the opioid or benzodiazepine is prescribed or dispensed to an individual:

32 (1) In an amount indicated for a period not to exceed 3 days;

1 (2) For the treatment of cancer or cancer-related pain;

2 (3) Who is:

3 (i) A patient receiving treatment in an inpatient unit of a hospital;

4 (ii) 1. A patient in a general hospice care program as defined in
5 § 19-901 of this article; or

6 2. Any other patient diagnosed with a terminal illness;

7 (iii) A patient who resides in:

8 1. An assisted living facility;

9 2. A long-term care facility;

10 3. A comprehensive care facility; or

11 4. A developmental disabilities facility; or

12 (4) To treat or prevent acute pain for a period of not more than 14 days
13 following:

14 (i) A surgical procedure;

15 (ii) A fracture;

16 (iii) Significant trauma; or

17 (iv) Childbirth.

18 (c) A prescriber may not be required to comply with the provisions of this section
19 when:

20 (1) Prescribing or dispensing an opioid or a benzodiazepine drug that has
21 been listed by the Secretary under § 21-2A-03(b)(3) of this subtitle as having a low
22 potential for abuse;

23 (2) Accessing prescription monitoring data would result in a delay in the
24 treatment of a patient that would negatively impact the medical condition of the patient;

25 (3) Electronic access to prescription monitoring data is not operational as
26 determined by the Department; or

27 (4) Prescription monitoring data cannot be accessed by the prescriber due
28 to a temporary technological or electrical failure.

1 (d) If a prescriber does not access prescription monitoring data for any of the
2 reasons provided under subsection (c)(2), (3), or (4) of this section:

3 (1) The prescriber shall use reasonable medical judgment in determining
4 whether to prescribe or dispense an opioid or a benzodiazepine; and

5 (2) The prescriber shall enter an appropriate record in the patient's
6 medical chart, including the reason why prescription monitoring data was not accessed.

7 (e) If a pharmacist or pharmacist delegate has a reasonable belief that a patient
8 may be seeking a monitored prescription drug for any purpose other than the treatment of
9 an existing medical condition:

10 (1) Before dispensing a monitored prescription drug to the patient, the
11 pharmacist or pharmacist delegate shall request prescription monitoring data to determine
12 if the patient has received other prescriptions that indicate misuse, abuse, or diversion of
13 a monitored prescription drug; and

14 (2) The pharmacist shall have the responsibility described in 21 C.F.R. §
15 1306.04.

16 (f) The Secretary may adopt regulations to provide additional clinical, technical,
17 or administrative exemptions based on new standards of practice.

18 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
19 October 1, 2022.