Maine Hospital Association

Representing community hospitals, healthcare organizations and the patients they serve.

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An Act To Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program

Maine Public Law, Chapter 488 (effective July 29, 2016 unless otherwise noted below)

There are several elements to the law and each with differing deadlines.

Major Elements:

- Prescriber Education
- Electronic Prescribing of Opioids
- Mandatory PMP Check
- Dosage Limits
- Duration Limits
- Penalties for Prescribers
- PMP Upgrades
- DHHS Rulemaking

Deadlines:

- July 27, 2016
  - Two-tiered Dosage Limits (w/exceptions for conditions) of 100MME/300MME
  - Additional statutory exception to limits for undefined "medical necessity"

- December 31, 2016
  - Mandatory PMP Check for new Rx and every 90 days thereafter
  - Duration Limits of 7-days (acute pain) and 30-days (chronic pain)
  - DHHS Rulemaking for exceptions to replace statutory exception for "medical necessity"

- July 1, 2017
  - Single-tier Dosage Limits of 100MME
  - Mandatory E-prescribing (with waivers)

- December 31, 2017
  - CME Education Requirement

Education. Mandatory CME requirement.

- By 12/31/17, licensed prescribers must complete 3 hours of continuing education every 2 years on the prescription of opioid medication as a condition of prescribing opioid medication. (rule to be developed)

E-Rx. Mandatory electronic prescribing by July 1, 2017.

- Individuals without the capability to electronically prescribe must request a waiver from the Commissioner, with a plan for to electronically prescribe opioid medication

Prescribing Requirements.

PMP Check. Mandates Prescription Monitoring Program (PMP) checks for prescribers and dispensers, starting 1/1/17, for initial prescription of benzodiazepine and opioids and every 90 days for as long as that prescription is renewed.

Rx Limits - Dosage. Prescribing limits of morphine milligram equivalents/day to be developed in rulemaking by January 2017.

- Effective 7/27/16, prescribers may not prescribe any combination of opioid medication in an aggregate amount in excess of 100 morphine milligram equivalents (MME) of opioid medication per day *for new patients;*
  For patients with active prescriptions in excess of 100 MME/day on 7/27/16, dosage may not exceed 300 MSE/day until 7/1/17 when the aggregate amount my not exceed 100 MSE/day;
- Medical condition exceptions include cancer, palliative care, end-of-life and hospice care, medication-assisted treatment for substance abuse disorders, and until 1/1/17 (or until DHHS adopts rules), as long as it's medically necessary and the need is documented in the patient's chart;
- On 1/1/17 DHHS to adopt rules outlining medical exceptions to dosage limits;

Rx Limits – Duration. Prescribing limits on the duration of opioid prescriptions will be developed in rulemaking by January 2017, specifically no more than 30 day supply for chronic pain and no more than 7 day supply for acute pain;

- Medical condition treatment exceptions include cancer, palliative care, end-of-life and hospice care, medication-assisted treatment for substance abuse disorders;

Exceptions. Exception for PMP check and Rx limits include administration in emergency room (ER), hospital inpatient, long term care or residential care facility. This does not include dispensation from or Rx from these facilities; only includes administration to patient while patient is in a facility.

Penalties. Violation of above rules is subject to civil penalties up to $250/incident, not to exceed $5,000/year. No penalties for violation of dosage limits until PMP upgraded.

PMP – Upgrades. The state must request the following enhancements to the PMP:

- A mechanism or calculator for converting dosages to and from morphine milligram equivalents;
- A mechanism to automatically annually transmit de-identified peer data to opioid prescribers;
- Allowance for a broader authorization for staff members of prescribers to access the program including a single annual authorization for staff members at a licensed hospital and a pharmacy;
- Improvements in communication regarding the ability of a prescriber to authorize staff members to access the program on behalf of the prescriber;
- Improvements in communication regarding the ability of a pharmacist to authorize staff members to access the program on behalf of the pharmacist;
- Improvements in the speed of the program for prescribers and pharmacists required to submit information and check the program, and the ability for prescribers and pharmacists to tailor the functions of the program to fit into their workflow; and
- The establishment of a data modifier for information from a veterinarian prescribing opioid medication to an animal that differentiates the recipient of the opioid prescription from people