

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals
(may include minor formatting differences from printed original)



129th MAINE LEGISLATURE

FIRST REGULAR SESSION-2019

Legislative Document

No. 1666

H.P. 1192

House of Representatives, April 30, 2019

**An Act To Require Certain Health Care Providers To Provide
Patients Detailed Information on the Risks Associated with the Use
of Opioid Medications and Schedule II Drugs**

(AFTER DEADLINE)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 205.

Reference to the Committee on Health Coverage, Insurance and Financial Services suggested and ordered printed.

Handwritten signature of Robert B. Hunt in cursive.

ROBERT B. HUNT
Clerk

Presented by Representative PICKETT of Dixfield.
Cosponsored by Senator FOLEY of York and
Representatives: ANDREWS of Paris, JAVNER of Chester, MADIGAN of Waterville,
MORALES of South Portland, MORRIS of Turner, PRESCOTT of Waterboro, TEPLER of
Topsham, WARREN of Hallowell.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 32 MRSA §2210, sub-§6**, as enacted by PL 2017, c. 186, §1, is amended
3 to read:

4 **6. Opioid medication policy.** No later than January 1, 2018, a health care entity that
5 includes an individual licensed under this chapter whose scope of practice includes
6 prescribing opioid medication must have in place an opioid medication prescribing policy
7 that applies to all prescribers of opioid medications employed by the entity. The policy
8 must include, but is not limited to, procedures and practices related to risk assessment,
9 informed consent and counseling on the risk of opioid use. The policy must be consistent
10 with subsection 7. For the purposes of this subsection, "health care entity" has the same
11 meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

12 **Sec. 2. 32 MRSA §2210, sub-§7** is enacted to read:

13 **7. Opioid medication and schedule II drug information disclosure.** Prior to
14 issuing an initial prescription and prior to issuing a 3rd prescription after October 31,
15 2019 of any opioid medication or a medication that is a schedule II drug to a patient, an
16 individual licensed under this chapter whose scope of practice includes prescribing opioid
17 medication or medication that is a schedule II drug shall inform the patient of the
18 following:

19 A. The risks associated with the use of the medication, specifically, that the
20 medication is highly addictive even when taken as prescribed, that there is a risk of
21 developing a physical or psychological dependence on the medication and that taking
22 more of the medication than prescribed or mixing sedatives, alcohol, benzodiazepines
23 or other central nervous system depressants with the medication can result in fatal
24 respiratory depression;

25 B. The reasons why the medication is necessary; and

26 C. Alternative treatments that may be available.

27 The prescriber shall include a note in the patient's medical record that the prescriber has
28 discussed the information in this subsection with the patient or the patient's parent or legal
29 guardian if the patient is a minor.

30 For the purposes of this subsection, "schedule II drug" has the same meaning as in the
31 federal Controlled Substances Act of 1970, 21 United States Code, Section 812.

32 **Sec. 3. 32 MRSA §2600-C, sub-§6**, as enacted by PL 2017, c. 186, §2, is
33 amended to read:

34 **6. Opioid medication policy.** No later than January 1, 2018, a health care entity that
35 includes an individual licensed under this chapter whose scope of practice includes
36 prescribing opioid medication must have in place an opioid medication prescribing policy
37 that applies to all prescribers of opioid medications employed by the entity. The policy
38 must include, but is not limited to, procedures and practices related to risk assessment,
39 informed consent and counseling on the risk of opioid use. The policy must be consistent

1 with subsection 7. For the purposes of this subsection, "health care entity" has the same
2 meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

3 **Sec. 4. 32 MRSA §2600-C, sub-§7** is enacted to read:

4 **7. Opioid medication and schedule II drug information disclosure.** Prior to
5 issuing an initial prescription and prior to issuing a 3rd prescription after October 31,
6 2019 of any opioid medication or a medication that is a schedule II drug to a patient, an
7 individual licensed under this chapter whose scope of practice includes prescribing opioid
8 medication or medication that is a schedule II drug shall inform the patient of the
9 following:

10 A. The risks associated with the use of the medication, specifically, that the
11 medication is highly addictive even when taken as prescribed, that there is a risk of
12 developing a physical or psychological dependence on the medication and that taking
13 more of the medication than prescribed or mixing sedatives, alcohol, benzodiazepines
14 or other central nervous system depressants with the medication can result in fatal
15 respiratory depression;

16 B. The reasons why the medication is necessary; and

17 C. Alternative treatments that may be available.

18 The prescriber shall include a note in the patient's medical record that the prescriber has
19 discussed the information in this subsection with the patient or the patient's parent or legal
20 guardian if the patient is a minor.

21 For the purposes of this subsection, "schedule II drug" has the same meaning as in the
22 federal Controlled Substances Act of 1970, 21 United States Code, Section 812.

23 **Sec. 5. 32 MRSA §3300-F, sub-§6**, as enacted by PL 2017, c. 186, §3, is
24 amended to read:

25 **6. Opioid medication policy.** No later than January 1, 2018, a health care entity that
26 includes an individual licensed under this chapter whose scope of practice includes
27 prescribing opioid medication must have in place an opioid medication prescribing policy
28 that applies to all prescribers of opioid medications employed by the entity. The policy
29 must include, but is not limited to, procedures and practices related to risk assessment,
30 informed consent and counseling on the risk of opioid use. The policy must be consistent
31 with subsection 7. For the purposes of this subsection, "health care entity" has the same
32 meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

33 **Sec. 6. 32 MRSA §3300-F, sub-§7** is enacted to read:

34 **7. Opioid medication and schedule II drug information disclosure.** Prior to
35 issuing an initial prescription and prior to issuing a 3rd prescription after October 31,
36 2019 of any opioid medication or a medication that is a schedule II drug to a patient, an
37 individual licensed under this chapter whose scope of practice includes prescribing opioid
38 medication or medication that is a schedule II drug shall inform the patient of the
39 following:

1 A. The risks associated with the use of the medication, specifically, that the
2 medication is highly addictive even when taken as prescribed, that there is a risk of
3 developing a physical or psychological dependence on the medication and that taking
4 more of the medication than prescribed or mixing sedatives, alcohol, benzodiazepines
5 or other central nervous system depressants with the medication can result in fatal
6 respiratory depression;

7 B. The reasons why the medication is necessary; and

8 C. Alternative treatments that may be available.

9 The prescriber shall include a note in the patient's medical record that the prescriber has
10 discussed the information in this subsection with the patient or the patient's parent or legal
11 guardian if the patient is a minor.

12 For the purposes of this subsection, "schedule II drug" has the same meaning as in the
13 federal Controlled Substances Act of 1970, 21 United States Code, Section 812.

14 **Sec. 7. 32 MRSA §3657, sub-§6**, as enacted by PL 2017, c. 186, §4, is amended
15 to read:

16 **6. Opioid medication policy.** No later than January 1, 2018, a health care entity that
17 includes an individual licensed under this chapter whose scope of practice includes
18 prescribing opioid medication must have in place an opioid medication prescribing policy
19 that applies to all prescribers of opioid medications employed by the entity. The policy
20 must include, but is not limited to, procedures and practices related to risk assessment,
21 informed consent and counseling on the risk of opioid use. The policy must be consistent
22 with subsection 7. For the purposes of this subsection, "health care entity" has the same
23 meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

24 **Sec. 8. 32 MRSA §3657, sub-§7** is enacted to read:

25 **7. Opioid medication and schedule II drug information disclosure.** Prior to
26 issuing an initial prescription and prior to issuing a 3rd prescription after October 31,
27 2019 of any opioid medication or a medication that is a schedule II drug to a patient, an
28 individual licensed under this chapter whose scope of practice includes prescribing opioid
29 medication or medication that is a schedule II drug shall inform the patient of the
30 following:

31 A. The risks associated with the use of the medication, specifically, that the
32 medication is highly addictive even when taken as prescribed, that there is a risk of
33 developing a physical or psychological dependence on the medication and that taking
34 more of the medication than prescribed or mixing sedatives, alcohol, benzodiazepines
35 or other central nervous system depressants with the medication can result in fatal
36 respiratory depression;

37 B. The reasons why the medication is necessary; and

38 C. Alternative treatments that may be available.

1 The prescriber shall include a note in the patient's medical record that the prescriber has
2 discussed the information in this subsection with the patient or the patient's parent or legal
3 guardian if the patient is a minor.

4 For the purposes of this subsection, "schedule II drug" has the same meaning as in the
5 federal Controlled Substances Act of 1970, 21 United States Code, Section 812.

6 **Sec. 9. 32 MRSA §18308, sub-§6**, as enacted by PL 2017, c. 186, §5, is amended
7 to read:

8 **6. Opioid medication policy.** No later than January 1, 2018, a health care entity that
9 includes an individual licensed under this chapter whose scope of practice includes
10 prescribing opioid medication must have in place an opioid medication prescribing policy
11 that applies to all prescribers of opioid medications employed by the entity. The policy
12 must include, but is not limited to, procedures and practices related to risk assessment,
13 informed consent and counseling on the risk of opioid use. The policy must be consistent
14 with subsection 7. For the purposes of this subsection, "health care entity" has the same
15 meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

16 **Sec. 10. 32 MRSA §18308, sub-§7** is enacted to read:

17 **7. Opioid medication and schedule II drug information disclosure.** Prior to
18 issuing an initial prescription and prior to issuing a 3rd prescription after October 31,
19 2019 of any opioid medication or a medication that is a schedule II drug to a patient, an
20 individual licensed under this chapter whose scope of practice includes prescribing opioid
21 medication or medication that is a schedule II drug shall inform the patient of the
22 following:

23 A. The risks associated with the use of the medication, specifically, that the
24 medication is highly addictive even when taken as prescribed, that there is a risk of
25 developing a physical or psychological dependence on the medication and that taking
26 more of the medication than prescribed or mixing sedatives, alcohol, benzodiazepines
27 or other central nervous system depressants with the medication can result in fatal
28 respiratory depression;

29 B. The reasons why the medication is necessary; and

30 C. Alternative treatments that may be available.

31 The prescriber shall include a note in the patient's medical record that the prescriber has
32 discussed the information in this subsection with the patient or the patient's parent or legal
33 guardian if the patient is a minor.

34 For the purposes of this subsection, "schedule II drug" has the same meaning as in the
35 federal Controlled Substances Act of 1970, 21 United States Code, Section 812.

36 SUMMARY

37 This bill requires a health care provider who is a prescriber of any opioid medication
38 or a medication that is a schedule II drug, before issuing an initial prescription and before
39 issuing a 3rd prescription of an opioid medication or a medication that is a schedule II

1 drug, to inform a patient of the risks of using the medication, the reason the medication is
2 necessary and alternative treatments that may be available. It also requires the health care
3 provider to include a note in the patient's medical record that the health care provider
4 discussed the information with the patient.