

MAINE STATE LEGISLATURE

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ROFS

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L.D. 1619

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Date: 6/2/17

(Filing No. H-397)

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HEALTH AND HUMAN SERVICES

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STATE OF MAINE

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HOUSE OF REPRESENTATIVES

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128TH LEGISLATURE

8

FIRST REGULAR SESSION

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COMMITTEE AMENDMENT "A" to H.P. 1118, L.D. 1619, Bill, "An Act To Report Limited Information to the Controlled Substances Prescription Monitoring Program Concerning Methadone"

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Amend the bill in section 2 in §7249-A by striking out all of subsections 1 and 2 (page 1, lines 13 to 26 in L.D.) and inserting the following:

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1. Consent form; methadone treatment. The department shall develop a consent form to be presented to every patient receiving treatment at any facility that provides methadone for the treatment of opioid dependency. The form records the patient's identifying information along with consent to enter the name of the patient's methadone treatment facility and dosage information into the program. The form must be available to the facility for use in paper or electronic form. The contents of the form may be disclosed only in a medical emergency as described in section 7250, subsection 7. The patient may decline consent.

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2. Treatment facility to enter information into the program. For a patient who has provided consent pursuant to subsection 1, a prescriber or the prescriber's designee at a facility that provides methadone for the treatment of opioid dependency shall enter the patient's identifying information along with the name of the methadone treatment facility and the dosage information into the program. Dosage information must be entered at the beginning of treatment, after the first 90 days of treatment and every 180 days after that. If a patient ceases treatment or moves to a different facility, the patient's methadone treatment facility must notify the program within 30 days of that change in status.'

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Amend the bill in section 3 in subsection 7 in the first paragraph in the 2nd to last line (page 2, line 1 in L.D.) by inserting after the following: "subject to" the following: '42 Code of Federal Regulations, Section 2.32 and'

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Amend the bill by striking out all of section 4 and inserting the following:

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Sec. 4. Enhancement of the Controlled Substances Prescription Monitoring Program. The Department of Health and Human Services shall submit a contract amendment to provide for an enhancement of the Controlled Substances

1 Prescription Monitoring Program under Title 22, chapter 1603. This enhancement must
2 allow a facility that provides methadone for the treatment of opioid dependency to enter
3 the name of the methadone treatment facility treating a patient and the dosage
4 information for a patient who has given consent. The information may not be accessible
5 except to health care professionals during an emergency to the extent necessary to meet a
6 bona fide emergency in which the patient's prior informed consent cannot be obtained.
7 Any disclosure in an emergency setting must be entered into the program, including the
8 date and time of the disclosure, the nature of the patient's emergency, the name of the
9 facility or hospital where the disclosure occurred and the names of the health care
10 professionals who accessed the records in the program. The department shall convene
11 stakeholders to advise the department on the criteria for the enhancement of the program.
12 Stakeholders must include representatives from methadone treatment clinics and
13 providers of emergency services. The enhancement of the program must meet the
14 requirements of the Maine Revised Statutes, Title 22, section 7250, subsection 7. The
15 department shall, no later than January 30, 2018, provide a report to the Joint Standing
16 Committee on Health and Human Services describing progress on implementing the
17 enhancement required pursuant to this section.'

18 SUMMARY

19 This amendment makes the following changes to the bill:

- 20 1. It clarifies that the consent form in the bill is presented to every patient at a
21 methadone treatment facility rather than only to new patients.
- 22 2. It requires the Department of Health and Human Services to develop the consent
23 form in both paper or electronic form.
- 24 3. It changes the frequency of a patient's dosage information entered into the
25 Controlled Substances Prescription Monitoring Program from every 90 days to the day
26 treatment begins, 90 days later and every 180 days after that.
- 27 4. It allows a prescriber or the prescriber's designee to enter a patient's identifying
28 information into the Controlled Substances Prescription Monitoring Program.
- 29 5. It provides that disclosure of a patient's identifying information is subject to 42
30 Code of Federal Regulations, Section 2.32.
- 31 6. It requires an enhancement to the Controlled Substances Prescription Monitoring
32 Program to be in a contract amendment rather than a request for proposals process.
- 33 7. It requires the department to convene a stakeholder group to advise on the criteria
34 for the enhancement to the Controlled Substances Prescription Monitoring Program. The
35 stakeholders must include methadone providers and providers of emergency services.
- 36 8. It removes the date by which the enhancement to the Controlled Substances
37 Prescription Monitoring Program must be completed and requires a progress report on
38 implementation of the enhancement to the Joint Standing Committee on Health and
39 Human Services by January 30, 2018.

40 FISCAL NOTE REQUIRED

41 (See attached)



Approved: 05/30/17 *MBC*

128th MAINE LEGISLATURE

LD 1619

LR 2337(02)

An Act To Report Limited Information to the Controlled Substances Prescription Monitoring Program Concerning Methadone

Fiscal Note for Bill as Amended by Committee Amendment

Committee: Health and Human Services

Fiscal Note Required: Yes

A (H-397)

Fiscal Note

Minor cost increase - General Fund

Fiscal Detail and Notes

Any additional costs to the Department of Health and Human Services to adopt the changes in this bill are expected to be minor and can be absorbed within existing budgeted resources.