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FIRST REGULAR SESSION-2017

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H.P. 1118 House of Representatives, May 23, 2017

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

Reported by Representative HYMANSON of York for the Joint Standing Committee on Health and Human Services pursuant to Joint Order 2017, H.P. 946.

Reference to the Committee on Health and Human Services suggested and ordered printed pursuant to Joint Rule 218.

Robert B. Hunt

ROBERT B. HUNT
Clerk

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

Sec. 1. 5 MRSA §20047, sub-§3 is enacted to read:

3. Medical emergency; methadone. Notwithstanding subsection 1, records relating to methadone treatment of a patient for the treatment of opioid dependency that have been entered into the Controlled Substances Prescription Monitoring Program established under Title 22, section 7248 may be disclosed in an emergency setting only to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained and only to the health care professionals involved in treating the patient. Any disclosure of records pursuant to this subsection must be documented as described in Title 22, section 7250, subsection 7.

Sec. 2. 22 MRSA §7249-A is enacted to read:

§7249-A. Reporting of methadone treatment with consent

1. Consent form; methadone treatment. The department shall develop a consent form to be presented to a patient who begins receiving methadone 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 contents of the form may be disclosed only in a medical emergency as described in section 7250, subsection 7. The patient may decline consent.

2. Treatment facility to enter information into the program. For a patient who has provided consent pursuant to subsection 1, a prescriber 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 every 90 days. 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 such change in status.

3. Renewal of consent form. A facility that provides methadone for the treatment of opioid dependency must provide a new consent form under subsection 1 to a patient annually and renew that patient's consent. The patient may choose to decline consent or void consent at any time.

Sec. 3. 22 MRSA §7250, sub-§7 is enacted to read:

7. Disclosure of methadone treatment in a medical emergency; documentation. Records entered pursuant to section 7249-A may be disclosed in an emergency setting only to the extent necessary to meet a bona fide emergency in which the patient's prior informed consent cannot be obtained and only to the health care professionals involved in treating the patient. These records may not be disclosed in any other circumstances, including to prescribers using the program to enter or check information outside of the medical emergency. Records disclosed pursuant to this subsection may not be used to initiate or substantiate any criminal charges against a patient or to conduct any criminal

investigation. Any disclosure pursuant to this subsection is subject to the following requirements.

A. The disclosure must be documented by the health care professional involved in treating the patient and entered into the program and communicated to the patient's methadone treatment facility. The documentation must include the date and time of the disclosure, the nature of the patient's emergency, the name of the facility or the hospital where the disclosure occurred and the names of the health care professionals who accessed the records.

B. Any disclosure must include a statement that informs the health care professionals accessing the program that federal law prohibits the health care professionals from making further disclosures that identify the patient without the specific written consent of the patient.

Sec. 4. Enhancement of the Controlled Substances Prescription Monitoring Program. The Department of Health and Human Services shall submit a request for proposals pursuant to the Maine Revised Statutes, Title 22, section 7248, subsection 2 for an enhancement of the Controlled Substances Prescription Monitoring Program under Title 22, chapter 1603. This enhancement must allow a facility that provides methadone for the treatment of opioid dependency to enter the name of the methadone treatment facility treating a patient and the dosage information for a patient who has given consent. The information may not be accessible except to health care professionals during an emergency to the extent necessary to meet a bona fide emergency in which the patient's prior informed consent cannot be obtained. Any disclosure in an emergency setting must be entered into the program, including the date and time of the disclosure, the nature of the patient's emergency, the name of the facility or hospital where the disclosure occurred and the names of the health care professionals who accessed the records in the program. The enhancement of the program must be available no later than July 1, 2018 and must meet the requirements of Title 22, section 7250, subsection 7.

Sec. 5. Contingent effective date. Those sections of this Act that enact the Maine Revised Statutes, Title 5, section 20047, subsection 3, Title 22, section 7249-A and Title 22, section 7250, subsection 7 take effect once the enhancement of the Controlled Substances Prescription Monitoring Program pursuant to section 4 of this Act is implemented. The Department of Health and Human Services shall notify the Revisor of Statutes that section 4 has been implemented.

Sec. 6. Consent form. A facility that provides methadone for the treatment of opioid dependency must provide a consent form as described in the Maine Revised Statutes, Title 22, section 7249-A for every patient no later than 180 days after the effective date of this Act.

SUMMARY

This bill allows for the name of a methadone treatment facility and dosage information regarding methadone for the treatment of opioid dependency to be entered into the Controlled Substances Prescription Monitoring Program if a patient has given

consent to the facility and the information is disclosed only during a medical emergency and only to medical personnel involved in treating the patient. Any disclosure of methadone dosage information must be documented in the Controlled Substances Prescription Monitoring Program and communicated to the methadone treatment facility.