



129th MAINE LEGISLATURE

SECOND REGULAR SESSION-2020

Legislative Document	No. 1951

H.P. 1395

House of Representatives, January 8, 2020

An Act To Assist Persons with Disabilities Who Are Subject to Pill Count Requirements

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.

Reference to the Committee on Health and Human Services suggested and ordered printed.

R(+ B. Hunt

ROBERT B. HUNT Clerk

Presented by Representative MADIGAN of Waterville. Cosponsored by President JACKSON of Aroostook and Representative: CRAVEN of Lewiston.

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

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

6. Opioid medication policy. No later than January 1, 2018, a A health care entity 4 that includes an individual licensed under this chapter whose scope of practice includes 5 prescribing opioid medication must have in place an opioid medication prescribing policy 6 that applies to all prescribers of opioid medications employed by the entity. The policy 7 must include, but is not limited to, procedures and practices related to risk assessment, 8 informed consent and counseling on the risk of opioid use. Procedures established under 9 the policy must provide accommodations for patients with disabilities who are subject to 10 pill count requirements. For the purposes of this subsection, "health care entity" has the 11 same meaning as in Title 22, section 1718-B, subsection 1, paragraph B. 12

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

6. Opioid medication policy. No later than January 1, 2018, a A health care entity 15 that includes an individual licensed under this chapter whose scope of practice includes 16 prescribing opioid medication must have in place an opioid medication prescribing policy 17 that applies to all prescribers of opioid medications employed by the entity. The policy 18 must include, but is not limited to, procedures and practices related to risk assessment, 19 20 informed consent and counseling on the risk of opioid use. Procedures established under the policy must provide accommodations for patients with disabilities who are subject to 21 pill count requirements. For the purposes of this subsection, "health care entity" has the 22 same meaning as in Title 22, section 1718-B, subsection 1, paragraph B. 23

24 Sec. 3. 32 MRSA §3300-F, sub-§6, as enacted by PL 2017, c. 186, §3, is 25 amended to read:

26 6. Opioid medication policy. No later than January 1, 2018, a A health care entity that 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 29 that applies to all prescribers of opioid medications employed by the entity. The policy 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. Procedures established under 31 the policy must provide accommodations for patients with disabilities who are subject to 32 pill count requirements. For the purposes of this subsection, "health care entity" has the 33 34 same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

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

6. Opioid medication policy. No later than January 1, 2018, a <u>A</u> health care entity that includes an individual licensed under this chapter whose scope of practice includes prescribing opioid medication must have in place an opioid medication prescribing policy that applies to all prescribers of opioid medications employed by the entity. The policy must include, but is not limited to, procedures and practices related to risk assessment,
informed consent and counseling on the risk of opioid use. <u>Procedures established under</u>
the policy must provide accommodations for patients with disabilities who are subject to
pill count requirements. For the purposes of this subsection, "health care entity" has the
same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

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

6. Opioid medication policy. No later than January 1, 2018, a A health care entity 8 that includes an individual licensed under this chapter whose scope of practice includes 9 prescribing opioid medication must have in place an opioid medication prescribing policy 10 that applies to all prescribers of opioid medications employed by the entity. The policy 11 must include, but is not limited to, procedures and practices related to risk assessment, 12 informed consent and counseling on the risk of opioid use. Procedures established under 13 the policy must provide accommodations for patients with disabilities who are subject to 14 pill count requirements. For the purposes of this subsection, "health care entity" has the 15 same meaning as in Title 22, section 1718-B, subsection 1, paragraph B. 16

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SUMMARY

18 This bill requires that procedures established pursuant to opioid medication policies 19 adopted by health care entities provide accommodations for patients with disabilities who 20 are subject to pill count requirements.