MAINE STATE LEGISLATURE

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129th MAINE LEGISLATURE

SECOND REGULAR SESSION-2020

Legislative Document

No. 2155

H.P. 1543

House of Representatives, March 17, 2020

An Act To Prevent Accidental Overdoses by Establishing a Protocol for Prescription Drug Recovery

(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.

ROBERT B. HUNT

R(+ B. Hunt

Clerk

Presented by Representative GRAMLICH of Old Orchard Beach.

Cosponsored by Senator FOLEY of York and

Representatives: BRENNAN of Portland, CAMPBELL of Orrington, CRAVEN of Lewiston, McCREA of Fort Fairfield, O'CONNELL of Brewer, Senators: CLAXTON of Androscoggin, GRATWICK of Penobscot, MOORE of Washington.

2 3	Sec. 1. 22 MRSA §7246, sub-§2, as repealed and replaced by PL 2017, c. 360, §1, is amended to read:
4	2. Dispenser. "Dispenser" means:
5	A. A pharmacist who is licensed or registered under Title 32; of
6 7	B. A veterinarian licensed under Title 32, chapter 71-A with authority to dispense a benzodiazepine or an opioid medication-; or
8	C. An administering provider as defined in section 7351, subsection 1, paragraph A.
9 10	Sec. 2. 22 MRSA §7249, sub-§1, as amended by PL 2017, c. 360, §3, is further amended to read:
11 12 13 14	1. Information required. Except as provided in subsection 1-A of 1-B or 1-C, each dispenser shall submit to the department, by electronic means or other format specified in a waiver granted by the department, specific items of information regarding dispensed controlled substances determined by the department from the following list:
15	A. The dispenser identification number;
16	B. The date the prescription was filled;
17	C. The prescription number;
18	D. Whether the prescription is new or is a refill;
19	E. The National Drug Code (NDC) for the drug dispensed;
20	F. The quantity dispensed;
21	G. The dosage;
22	H. The patient identification number;
23	I. The patient name;
24	J. The patient address;
25	K. The patient date of birth;
26	L. The prescriber identification number;
27	M. The date the prescription was issued by the prescriber; and
28 29	N. The department-issued serial number if the department chooses to establish a serial prescription system.
30	Sec. 3. 22 MRSA §7249, sub-§1-C is enacted to read:
31 32 33 34	1-C. Dispensing by administering providers. If a controlled substance is dispensed by an administering provider, as defined in section 7351, subsection 1, paragraph A, that administering provider is required to provide only the information required by subsection 1, paragraphs B, D and F to K.

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

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Sec. 4. 22 MRSA c. 1627 is enacted to read:

§7351. Monitoring, containment and disposal of controlled substances

A provider that administers a controlled substance to an adult with long-term care needs is subject to the requirements of this section.

CHAPTER 1627

MONITORING AND DISPOSAL OF CONTROLLED SUBSTANCES

- 1. **Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.
 - A. "Administering provider" means a provider that administers a controlled substance, pursuant to a prescription, to a client-patient. "Administering provider" includes an employee or contractor of a provider but does not include a family member of the client-patient.
 - B. "Client-patient" means an adult with long-term care needs to whom an administering provider administers a controlled substance.
 - C. "Controlled substance" has the same meaning as in section 7246, subsection 1.
- **2. Monitoring.** An administering provider shall document the quantity and strength of any controlled substance obtained for a client-patient. The administering provider shall comply with the requirements of the Controlled Substances Prescription Monitoring Program, including the reporting requirements of section 7249, subsection 1, as limited by section 7249, subsection 1-C.
 - 3. Containment. An administering provider shall keep any controlled substances prescribed and obtained for a client-patient in a locked container to which only the administering provider, the client-patient and, if there is one, a designated caregiver have access.
 - 4. Retrieval and disposal of controlled substances; documentation; reporting. Upon the death of a client-patient for whom the administering provider was providing inhome and community support services immediately prior to that client-patient's death, the administering provider shall collect all unused controlled substances that were prescribed and obtained for the client-patient. The administering provider shall document the controlled substances collected, including the National Drug Code, quantity and strength of each controlled substance, properly dispose of the collected controlled substances and document the manner of disposal. Following disposal, the administering provider shall provide all documentation performed pursuant to this subsection to the department in the same manner as information provided to the department pursuant to section 7249, subsection 1.
 - 5. Development of written policy; submission for review. Each administering provider shall develop a written policy for how that administering provider will document, collect and dispose of controlled substances in compliance with the requirements of this chapter. The administering provider shall submit the policy,

including any changes made to the policy subsequent to initial submission, to the department for review.

6. Rulemaking. The department shall adopt routine technical rules, pursuant to Title 5, chapter 375, subchapter 2-A, to implement the provisions of this chapter, including providing guidance for methods of proper disposal of controlled substances collected pursuant to subsection 4.

7 SUMMARY

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This bill seeks to reduce accidental overdose deaths caused by access to unused controlled substances by:

- 1. Requiring an entity, agency, facility or individual who offers or plans to offer any in-home or community support services or institutionally based long-term care services and who administers a controlled substance to an adult with long-term care needs as part of those services, referred to in the bill as "an administering provider," to document any controlled substance prescribed and obtained for the adult with long-term care needs, referred to in the bill as "the client-patient," and to participate in the Controlled Substances Prescription Monitoring Program, with certain exceptions;
- 2. Requiring that all controlled substances be kept in a locked container to which only the administering provider, the client-patient and, if there is one, a designated caregiver have access; and
- 3. Requiring the administering provider, upon the death of the client-patient, to collect any unused controlled substances that were prescribed and obtained for that client-patient and dispose of them properly after documenting the National Drug Code, quantity and strength. The administering provider is required to submit this documentation, including the manner of disposal of the controlled substances collected from the deceased client-patient, to the Department of Health and Human Services using the reporting system established in the Controlled Substances Prescription Monitoring Program.