STATE OF MAINE

127TH LEGISLATURE

SECOND REGULAR SESSION

Summaries of bills, adopted amendments and laws enacted or finally passed

JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

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LEGISLATIVE DIGEST OF BILL SUMMARIES AND ENACTED LAWS

This *Legislative Digest of Bill Summaries and Enacted Laws* contains summaries of all LDs and adopted amendments and all laws enacted or finally passed during the Second Regular Session of the 127th Maine Legislature.

The *Digest* is arranged alphabetically by committee and within each committee by Legislative Document (LD) number. The committee report(s), prime sponsor and lead co-sponsor(s), if designated, are listed below each LD title. All adopted amendments are summarized and listed by paper number. A subject index is included with each committee. An appendix provides a summary of relevant session statistics.

Final action on each LD is noted to the right of the LD title. The following describes the various final actions.

CARRIED OVER.....*carried over to a subsequent session of the Legislature*
CON RES XXX.....*chapter # of constitutional resolution passed by both houses*
CONF CMTE UNABLE TO AGREE..... *Committee of Conference unable to agree; legislation died*
DIED BETWEEN HOUSES.....*House & Senate disagreed; legislation died*
DIED IN CONCURRENCE..... *defeated in each house, but on different motions; legislation died*
DIED ON ADJOURNMENT.....*action incomplete when session ended; legislation died*
EMERGENCY.....*enacted law takes effect sooner than 90 days after session adjournment*
FAILED, EMERGENCY ENACTMENT or PASSAGE.....*emergency failed to receive required 2/3 vote*
FAILED, ENACTMENT or FINAL PASSAGE..... *failed to receive final majority vote*
FAILED, MANDATE ENACTMENT.....*legislation proposing local mandate failed required 2/3 vote*
HELD BY GOVERNOR..... *Governor has not signed; final disposition to be determined at subsequent session*
LEAVE TO WITHDRAW.....*sponsor's request to withdraw legislation granted*
NOT PROPERLY BEFORE THE BODY.....*ruled out of order by the presiding officer; legislation died*
INDEF PP..... *indefinitely postponed; legislation died*
ONTP, ACCEPTED, MAJORITY, MINORITY or REPORT X... *ought-not-to-pass report accepted; legislation died*
P&S XXX.....*chapter # of enacted private & special law*
PUBLIC XXX..... *chapter # of enacted public law*
RESOLVE XXX.....*chapter # of finally passed resolve*
VETO SUSTAINED.....*Legislature failed to override Governor's veto*

The effective date for non-emergency legislation enacted in the First Regular Session of the 127th Legislature is July 29, 2016. The effective date for legislation enacted as an emergency measure may be found in the enacted law summary for that legislation.

Public Law 2015, chapter 477 was enacted as an emergency measure effective April 15, 2016.

LD 1644 **Resolve, Establishing the Commission To Study Ways To Support and Strengthen the Direct Care Workforce across the Long-term Care Continuum** **Died On Adjournment**

Sponsor(s)	Committee Report	Amendments Adopted
EVES M	OTP-AM	H-606
BURNS D	ONTP	S-455 HASKELL A

This resolve establishes the Commission To Study Ways To Support and Strengthen the Direct Care Workforce across the Long-term Care Continuum. The commission is required to study current challenges to recruiting and retaining direct care workers and recommend ways to support and strengthen that workforce across the long-term care continuum. The commission's duties include reviewing related studies, legislation and Department of Health and Human Services' initiatives; determining current demand for direct care workers across long-term care settings; identifying career pathways for direct care workers within and across long-term care settings; developing worker incentive programs; and developing strategies to create high-quality work environments. The commission must submit its report, including suggested legislation, to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than December 2, 2016. The committee may report out legislation to the First Regular Session of the 128th Legislature.

Committee Amendment "A" (H-606)

This amendment, which is the majority report of the committee, makes the following changes to the Commission To Study Ways To Support and Strengthen the Direct Care Workforce across the Long-term Care Continuum.

1. It adds three members, including a representative of a labor intermediary, a representative of an organization providing services to individuals with intellectual disabilities and autism and a representative of an organization promoting independent living for individuals with disabilities.

2. It clarifies that the Commissioner of Health and Human Services and the Commissioner of Labor may be invited to participate.

3. It adds to the duties of the commission an examination of technological advances to help individuals living in their homes remain independent and an examination of the barriers to employment as direct care workers for populations who may lack credentials, transportation or English proficiency or other relevant factors.

4. It changes the date for the commission's report from December 2, 2016 to November 2, 2016.

Senate Amendment "A" (S-455)

This amendment removes the emergency preamble and emergency clause from the resolve.

LD 1646 **An Act To Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program** **PUBLIC 488**

Sponsor(s)	Committee Report	Amendments Adopted
CUSHING A	OTP-AM	S-531
MCCABE J	OTP-AM	

This bill makes the following changes to the laws governing the Controlled Substances Prescription Monitoring Program and the prescribing and dispensing of opioids and other drugs.

1. It provides to a prescriber immunity from liability for disclosure of information to the Controlled Substances Prescription Monitoring Program.

2. It provides that upon initial prescription of a benzodiazepine or an opioid to a person and every 90 days for as long as the prescription is renewed, a prescriber must check prescription monitoring information maintained by the Controlled Substances Prescription Monitoring Program for records related to that person. A prescriber who violates this provision is subject to a fine of $250 per incident, not to exceed $5,000 per calendar year.

3. It provides that prior to dispensing a benzodiazepine or an opioid to a person, a dispenser must check prescription monitoring information maintained by the Controlled Substances Prescription Monitoring Program for records related to that person. A dispenser must notify the program and withhold a prescription until the dispenser is able to contact the prescriber of that prescription if the dispenser has reason to believe that that prescription is fraudulent or duplicative. A dispenser who violates these provisions is subject to a fine of $250 per incident, not to exceed $5,000 per calendar year.

4. It provides that the failure of a health care provider who is a prescriber or dispenser to check prescription monitoring information or to submit prescription monitoring information to the Department of Health and Human Services as required by law is grounds for discipline of that health care provider.

5. It requires that by December 31, 2017 and every five years thereafter a health care provider who is a prescriber must successfully complete a training course on the prescription of opioid pain medication that has been approved by the Department of Health and Human Services as a condition of prescribing opioid pain medications.

6. It sets limits on the amount of opioid pain medication that may be prescribed to a patient.

7. It provides that beginning January 1, 2018 opioid pain medication may only be prescribed electronically.

Committee Amendment "A" (S-531)

This amendment, which is the majority report of the committee, makes the following changes to the laws governing the Controlled Substances Prescription Monitoring Program and the prescribing and dispensing of opioid medication and other drugs.

1. It provides to the prescriber immunity from liability for disclosure of information to the Controlled Substances Prescription Monitoring Program.

2. It allows the Department of Health and Human Services to provide prescription monitoring information to and receive prescription monitoring information from a Canadian province.

3. It clarifies that staff in hospitals and pharmacies are authorized to access the Controlled Substances Prescription Monitoring Program insofar as the access relates to a patient's prescription.

4. It establishes a fine for dispensers who fail to submit prescription monitoring information to the Controlled Substances Prescription Monitoring Program of $250 per incident, not to exceed $5,000 per calendar year.

5. It provides that upon the initial prescription of a benzodiazepine or an opioid medication to a person and every 90 days for as long as the prescription is renewed, a prescriber must check prescription monitoring information maintained by the Controlled Substances Prescription Monitoring Program for records related to that person. A prescriber who violates this provision is subject to a fine of $250 per incident, not to exceed $5,000 per calendar year.

6. It requires dispensers to check the prescription monitoring information for out-of-state individuals, for out-of-state prescribers, for individuals with insurance paying cash and if an individual has not had a prescription for an opioid medication in the previous 12 months. A dispenser who violates this provision is subject to a fine of $250 per incident, not to exceed $5,000 per calendar year.

7. It provides that the failure of a health care provider who is a prescriber or dispenser to check the prescription monitoring information or to submit prescription monitoring information to the Department of Health and Human Services as required by law is grounds for discipline of that health care provider.

8. It requires that a health care provider who is a prescriber of opioid medication or a veterinarian who is a prescriber of opioid medication must complete three hours every two years of continuing education related to opioid medication prescribing practices.

9. It sets limits on the supply of opioid medication that may be prescribed to a patient to seven days for acute pain and 30 days for chronic pain beginning January 1, 2017.

10. It sets limits on the amount of opioid medication that may be prescribed to no more than 100 morphine milligram equivalents for new prescriptions beginning on the effective date of this legislation. For patients who have prescriptions that total over 100 morphine milligram equivalents on the effective date of this legislation, the prescribing limit is 300 morphine milligram equivalents; those patients must be tapered to a level of no more than 100 morphine milligram equivalents by July 1, 2017.

11. It establishes statutory exceptions to opioid medication limits and requires the Department of Health and Human Services to adopt rules for other exceptions. The rules must be adopted by January 1, 2017.

12. It clarifies that opioid medication limits do not apply to health care professionals directly administering medication to a patient in an emergency room setting, inpatient hospital setting, long-term care setting or residential care setting.

13. It provides immunity for pharmacists who dispense opioid medication over 100 morphine milligram equivalents in accordance with a prescription.

14. It requires prescribers to electronically prescribe opioid medication if the capability exists. A prescriber who does not have the capability for electronic prescribing must seek a waiver from the Commissioner of Health and Human Services listing the reasons why the prescriber is unable to electronically prescribe. Pharmacists must be able to receive electronic prescriptions of opioid medication or seek a waiver.

15. It requires pharmacists and veterinarians who prescribe opioid medication to register with the Controlled Substances Prescription Monitoring Program.

16. It authorizes pharmacists to partially fill prescriptions of schedule II controlled substances upon request from the patient.

17. It requires the Department of Professional and Financial Regulation, Bureau of Insurance to evaluate the effect of prescription limits on out-of-pocket costs and report on options to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters.

18. It requires the Department of Health and Human Services to make enhancements to the Controlled Substances Prescription Monitoring Program through its request for proposals process for the maintenance of the program. It provides that a penalty may not be imposed for a violation of the limits on opioid medication prescribing until the

enhancement to the Controlled Substances Prescription Monitoring Program that will enable the conversion of dosages to and from morphine milligram equivalents is implemented.

19. It requires the Department of Health and Human Services to report to the joint standing committees of the Legislature having jurisdiction over health and human services matters and occupational and professional regulation matters on the implementation of the registration and use of the Controlled Substances Prescription Monitoring Program, improvements to the program, the effect of opioid medication prescribing limits on the prescriber workforce, the implementation of continuing education requirements and progress on the electronic prescribing of opioid medication.

Committee Amendment "B" (S-532)

This amendment, which is the minority report of the commitee, replaces the bill. It authorizes pharmacists to partially fill prescriptions of schedule II controlled substances upon request from the patient.

This amendment was not adopted.

Enacted Law Summary

Public Law 2015, chapter 488 makes the following changes to the laws governing the Controlled Substances Prescription Monitoring Program and the prescribing and dispensing of opioid medication and other drugs.

1. It provides to the prescriber immunity from liability for disclosure of information to the Controlled Substances Prescription Monitoring Program.

2. It allows the Department of Health and Human Services to provide prescription monitoring information to and receive prescription monitoring information from a Canadian province.

3. It clarifies that staff in hospitals and pharmacies are authorized to access the Controlled Substances Prescription Monitoring Program insofar as the access relates to a patient's prescription.

4. It establishes a fine for dispensers who fail to submit prescription monitoring information to the Controlled Substances Prescription Monitoring Program of $250 per incident, not to exceed $5,000 per calendar year.

5. It provides that upon the initial prescription of a benzodiazepine or an opioid medication to a person and every 90 days for as long as the prescription is renewed, a prescriber must check prescription monitoring information maintained by the Controlled Substances Prescription Monitoring Program for records related to that person. A prescriber who violates this provision is subject to a fine of $250 per incident, not to exceed $5,000 per calendar year.

6. It requires dispensers to check the prescription monitoring information for out-of-state individuals, for out-of-state prescribers, for individuals with insurance paying cash and if an individual has not had a prescription for an opioid medication in the previous 12 months. A dispenser who violates this provision is subject to a fine of $250 per incident, not to exceed $5,000 per calendar year.

7. It provides that the failure of a health care provider who is a prescriber or dispenser to check the prescription monitoring information or to submit prescription monitoring information to the Department of Health and Human Services as required by law is grounds for discipline of that health care provider.

8. It requires that a health care provider who is a prescriber of opioid medication or a veterinarian who is a prescriber of opioid medication must complete three hours every two years of continuing education related to opioid medication prescribing practices.

9. It sets limits on the supply of opioid medication that may be prescribed to a patient to seven days for acute pain

and 30 days for chronic pain beginning January 1, 2017.

10. It sets limits on the amount of opioid medication that may be prescribed to no more than 100 morphine milligram equivalents for new prescriptions beginning on the effective date of this legislation. For patients who have prescriptions that total over 100 morphine milligram equivalents on the effective date of this legislation, the prescribing limit is 300 morphine milligram equivalents; those patients must be tapered to a level of no more than 100 morphine milligram equivalents by July 1, 2017.

11. It establishes statutory exceptions to opioid medication limits and requires the Department of Health and Human Services to adopt rules for other exceptions. The rules must be adopted by January 1, 2017.

12. It clarifies that opioid medication limits do not apply to health care professionals directly administering medication to a patient in an emergency room setting, inpatient hospital setting, long-term care setting or residential care setting.

13. It provides immunity for pharmacists who dispense opioid medication over 100 morphine milligram equivalents in accordance with a prescription.

14. It requires prescribers to electronically prescribe opioid medication if the capability exists. A prescriber who does not have the capability for electronic prescribing must seek a waiver from the Commissioner of Health and Human Services listing the reasons why the prescriber is unable to electronically prescribe. Pharmacists must be able to receive electronic prescriptions of opioid medication or seek a waiver.

15. It requires pharmacists and veterinarians who prescribe opioid medication to register with the Controlled Substances Prescription Monitoring Program.

16. It authorizes pharmacists to partially fill prescriptions of schedule II controlled substances upon request from the patient.

17. It requires the Department of Professional and Financial Regulation, Bureau of Insurance to evaluate the effect of prescription limits on out-of-pocket costs and report on options to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters.

18. It requires the Department of Health and Human Services to make enhancements to the Controlled Substances Prescription Monitoring Program through its request for proposals process for the maintenance of the program. It provides that a penalty may not be imposed for a violation of the limits on opioid medication prescribing until the enhancement to the Controlled Substances Prescription Monitoring Program that will enable the conversion of dosages to and from morphine milligram equivalents is implemented.

19. It requires the Department of Health and Human Services to report to the joint standing committees of the Legislature having jurisdiction over health and human services matters and occupational and professional regulation matters on the implementation of the registration and use of the Controlled Substances Prescription Monitoring Program, improvements to the program, the effect of opioid medication prescribing limits on the prescriber workforce, the implementation of continuing education requirements and progress on the electronic prescribing of opioid medication.