FACT SHEET
Implementation of Public Law Chapter 488:
"An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program."

Background:

This bill makes four major changes to opioid prescribing:

1. It mandates use of the State's Prescription Monitoring Program and expands those who use it;
2. Enacts strict limits on opioid prescribing for acute and chronic pain;
3. Mandates education for opioid prescribers
4. Mandates electronic prescribing of opioids.

Penalties

Individuals who violate this law may be subject to civil penalties of $250 per violation, not to exceed $5,000 per calendar year. Financial penalties for exceeding prescribing limits cannot be imposed until the PMP calculation functionality is added (1/1/17).

Prescription Monitoring Program (PMP)

Effective 1/1/17, requires prescribers to check the PMP upon initial prescription of a benzodiazepine or an opioid, and every 90 days thereafter for as long as the prescription is renewed.

This provision does not apply when a benzodiazepine or an opioid is ordered or administered in an emergency room, an inpatient hospital, a long term care facility or a residential care facility

Effective 1/1/17, requires dispensers (pharmacists) to check the PMP prior to dispensing a benzodiazepine or opioid under the following circumstances:

A. The person is not a resident of the State;
B. The prescription is from a prescriber with an address outside of this State;
C. The person is paying cash when the person has a prescription insurance on file;
D. According to the pharmacy record, the person has not had a prescription for a benzodiazepine or an opioid medication in the previous 12 months.

- Requires that dispensers notify the program and withhold a prescription until the dispenser is able to contact the prescriber if the dispenser has reason to believe that the prescription is fraudulent or duplicative
- Adds veterinarians to definition of prescriber
- Allows staff authorized by the Chief Medical Officer of a hospital to access the PMP for patients of the hospital or emergency department
- Allows on-duty pharmacists to authorize staff to access the PMP for customers filling prescriptions
- Requires the Department of Health and Human Services to include enhancements to the PMP, including a calculator to convert dosages to and from morphine milligram equivalents (MMEs) and increased access for staff members of prescribers to access the program with authorization, in a request for proposals process

Limits on Prescribing

7/29/16 – Limits new opioid prescriptions, or an aggregate of multiple opioid prescriptions, to no more than 100 morphine milligram equivalents (MMEs) per day.

7/29/16 until 7/1/17 – For patients with active prescriptions that exceed 100 MMEs per day, opioid prescriptions must be limited to 300 MMEs per day, in aggregate.

1/1/17 – Opioid prescriptions for acute pain limited to 7 day supply within a 7 day period (renewable) Opioid prescriptions for chronic pain limited to a 30 day supply within a 30 day period (renewable).

7/1/17 – New and existing prescriptions for opioid medications are limited to 100 MMEs per patient.

Emergency Rule: Chapter 11, Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications

The Maine Department of Health and Human Services has issued an emergency rule adding definitions and clarifying the exemptions to the prescribing requirements referenced above. You can visit the Department's website to view the emergency rule document and submit comments. A summary of the exemptions and partial list of definitions are included here for reference.

Exemptions

Prescribers are exempt from the limits on opioid medication prescribing established in this rule if one of the following conditions is met. The corresponding exemption code must be included on the prescription.

- Exemption Code A: Pain associated with active and aftercare cancer treatment. Providers must document in the medical record that the pain experienced by the individual is directly related to the individual's cancer or cancer treatment. An exemption for aftercare cancer treatment may be claimed up to six months post remission;
- Exemption Code B: Palliative care in conjunction with a serious illness;
- Exemption Code C: End-of-life and hospice care;
- Exemption Code D: Medication-Assisted Treatment for substance use disorder;
- Exemption Code E: A pregnant individual with a pre-existing prescription for opioids in excess of the 100 Morphine Milligram Equivalent aggregate daily limit. This exemption applies only during the duration of the pregnancy;
- Exemption Code F: Acute pain for an individual with an existing opioid prescription for chronic pain. In such situations the acute pain must be postoperative or new onset. The seven day prescription limit applies; or
- Exemption Code G: Individuals pursuing an active taper of opioid medications, with a maximum taper period of six months, after which time the opioid limitations will apply, unless one of the additional exceptions in this subsection apply.

Definitions

- **Acute Pain**: Pain as defined by 22 MRSA §7246 1-A. Pain that is the normal, predicted physiological response to a noxious chemical or thermal or mechanical stimulus. Acute pain typically is associated with invasive procedures, trauma and disease and is usually time-limited.

- **Chronic Pain**: Pain as defined by 22 MRSA §7246 1-C. Pain that persists beyond the usual course of an acute disease or healing of an injury and may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

- **Palliative Care**. Palliative care is defined by 22 MRSA §1726(1)(A). Patient-centered and family-focused medical care that optimizes quality of life by anticipating, preventing and treating suffering caused by a medical illness or a physical injury or condition that substantially affects a patient's quality of life, including, but not limited to, addressing physical, emotional, social and spiritual needs; facilitating patient autonomy and choice of care; providing access to information; discussing the patient's goals for treatment and treatment options, including, when appropriate, hospice care; and managing pain and symptoms comprehensively.

- **Serious Illness**: Serious illness is defined by 22 MRSA §1726(1)(B). A medical illness or physical injury or condition that substantially affects quality of life for more than a short period of time. "Serious illness" includes, but is not limited to, Alzheimer's disease and related dementias, lung disease, cancer and heart, renal or liver failure.

Education

12/31/17 – As a condition of prescribing opioid medications, all prescribers must complete 3 hours of Continuing Medical Education (CME) on the prescription of opioid medication every 2 years. Approved CME courses on the topic taken after April 19, 2016 can be counted toward the 3 hour requirement.

Electronic Prescribing

7/1/17 – all prescribers "with the capability" must prescribe opioids electronically. A waiver from DHHS must be requested if compliance cannot be met; for employed providers the waiver request can be made by the employer vs each individual provider.