06/21/2017

FACT SHEET
Implementation of Public Law Chapter 488
Re: Opioid Prescribing

Background:

The law makes five 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 (ALL opioids, not just Schedule II);
3. Mandates education for opioid prescribers;
4. Mandates electronic prescribing of opioids;
5. Provides for a "Partial Fill" at a pharmacy, at the direction of the patient

Prescription Monitoring Program (PMP)

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. Also, does not apply if patient is in hospice care or is receiving end-of-life treatment.

Requires dispensers 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 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 and allows the CMO to access prescription reports of prescribers he/she employs
- 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 MMEs and increased access for staff members of prescribers to access the program with authorization

Limits on Prescribing

7/29/16 – Limits new opioid prescriptions, or an aggregate of multiple opioid prescriptions, to no more than 100 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.

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

Exceptions by Statute:

- Pain for active and aftercare cancer treatment (Exception Code A)
- Palliative care in conjunction with a serious illness or injury (Code B). Must include ICD 10 code on script.
- End of life and hospice care (Code C)
- Medication-assisted treatment for Substance Abuse Disorder (Code D)
- Opioid directly ordered or administered in an emergency room, an inpatient hospital setting or a long-term care or residential treatment facility, or in connection with a surgical procedure.
- Exceptions by Rule:
  a. A pregnant individual with a pre-existing condition for opioids in excess of the 100 Morphine Milligram Equivalent aggregate daily limit. This exemption applies only during the duration of the pregnancy. (Code E)
  b. 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. (Code F)
  c. 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. (Code G)
  d. Individuals who are prescribed a second opioid after being unable to tolerate the first. Neither prescription may by itself exceed the 100 MME limit. (Code H)

Effective 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). “Acute Pain” or “Chronic pain” must be written on the script.

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. Medical Doctors and Physician Assistants licensed by the BOLIM must complete the education regardless of whether they prescribe opioid medication. (This broader application may change by the end of 2017.)

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. Applications for waivers available April 1st, 2017.

Penalties

Individuals who violate this law may be subject to civil penalties of $250 per violation, not to exceed $5,000 per calendar year. Violations may be reported to licensing boards.

For more information, please contact:

Gordon Smith, Esq., Maine Medical Association – (207)622-3374 or gsmith@mainemed.com

More resources available at https://www.mainequalitycounts.org/page/2-1488/caring-for-me