4 lr 0789

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CHAPTER \_\_\_\_\_

## 1 AN ACT concerning

# Prescription Drug Monitoring Program – Review and Reporting of Possible Misuse or Abuse of Monitored Prescription Drugs

- 4 FOR the purpose of authorizing the Prescription Drug Monitoring Program, in  $\mathbf{5}$ accordance with certain regulations, to review prescription monitoring data for 6 a certain purpose and, under certain circumstances, report possible misuse or 7 abuse of a monitored prescription drug to a certain prescriber or dispenser; 8 requiring the Program, before reporting the possible misuse or abuse of a 9 monitored prescription drug, to obtain from the technical advisory committee to 10 the Program certain clinical guidance and interpretation; requiring the 11 Secretary of Health and Mental Hygiene to adopt regulations that specify the process for the Program's review of prescription monitoring data and reporting 12 13 of possible misuse or abuse of a monitored prescription drug; altering the purpose of the technical advisory committee; making a stylistic change; and 1415generally relating to the Prescription Drug Monitoring Program and the review 16 of prescription monitoring data and reporting of possible misuse or abuse of a 17monitored prescription drug.
- 18 BY repealing and reenacting, without amendments,
- 19 Article Health General
- 20 Section 21-2A-02(a)
- 21 Annotated Code of Maryland

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



	2	HOUSE BILL 1296
1	(2009 Replacement Volume and 2013 Supplement)	
$2 \\ 3 \\ 4 \\ 5 \\ 6$	BY repealing and reenacting, with amendments, Article – Health – General Section 21–2A–04, 21–2A–06, and 21–2A–07 Annotated Code of Maryland (2009 Replacement Volume and 2013 Supplement)	
7 8	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:	
9	Article – Health – General	
10	21–2A–02.	
11	(a) Ther	e is a Prescription Drug Monitoring Program in the Department.
12	21–2A–04.	
$\frac{13}{14}$	(a) The Secretary, in consultation with the Board, shall adopt regulations to carry out this subtitle.	
15	(b) The	regulations adopted by the Secretary shall:
$\begin{array}{c} 16 \\ 17 \end{array}$	(1) Specify the prescription monitoring data required to be submitted under § $21-2A-03$ of this subtitle;	
$\begin{array}{c} 18 \\ 19 \end{array}$	(2) submitted:	Specify the electronic or other means by which information is to be
$\begin{array}{c} 20\\ 21 \end{array}$	dispensers; and	(i) Without unduly increasing the workload and expense on
$\frac{22}{23}$	submission practi	(ii) In a manner as compatible as possible with existing data ces of dispensers;
24	(3)	Specify that the Program:
$\frac{25}{26}$	dispensers necess	(i) Shall provide the information technology software to ary to upload prescription drug monitoring data to the Program; and
27 28	or dispensers to s	(ii) May not impose any fees or other assessments on prescribers upport the operation of the Program;
29 30	(4) to access or use pr	Specify that a prescriber or dispenser is not required or obligated rescription monitoring data available under the Program;

1 (5) Identify the mechanism by which prescription monitoring data are 2 disclosed to a person, in accordance with § 21–2A–06 of this subtitle;

3 (6) Identify the circumstances under which a person may disclose 4 prescription monitoring data received under the Program;

5 (7) SPECIFY THE PROCESS FOR THE PROGRAM'S REVIEW OF 6 PRESCRIPTION MONITORING DATA AND REPORTING OF POSSIBLE MISUSE OR 7 ABUSE OF A MONITORED PRESCRIPTION DRUG UNDER § 21–2A–06(C) OF THIS 8 SUBTITLE;

9 [(7)] (8) Establish requirements for Program retention of 10 prescription monitoring data for 3 years; and

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[(8)] **(9)** Require that:

12 (i) Confidential or privileged patient information be kept 13 confidential; and

14 (ii) Records or information protected by a privilege between a 15 health care provider and a patient, or otherwise required by law to be held 16 confidential, be filed in a manner that, except as otherwise provided in § 21–2A–06 of 17 this subtitle, does not disclose the identity of the person protected.

- 18 21–2A–06.
- 19 (a) Prescription monitoring data:

20 (1) Are confidential and privileged, and not subject to discovery, 21 subpoena, or other means of legal compulsion in civil litigation;

- 22
- (2) Are not public records; and

23 (3) Except as provided in subsections [(b) and (d)] (B), (C), AND (E) of 24 this section or as otherwise provided by law, may not be disclosed to any person.

(b) The Program shall disclose prescription monitoring data, in accordance
with regulations adopted by the Secretary, to:

(1) A prescriber, or a licensed health care practitioner authorized by
 the prescriber, in connection with the medical care of a patient;

29 (2) A dispenser, or a licensed health care practitioner authorized by 30 the dispenser, in connection with the dispensing of a monitored prescription drug;

$\begin{array}{c} 1 \\ 2 \\ 3 \end{array}$	(3) A federal law enforcement agency or a State or local law enforcement agency, on issuance of a subpoena, for the purpose of furthering an existing bona fide individual investigation;		
$4 \\ 5 \\ 6$	(4) A licensing entity, on issuance of an administrative subpoena voted on by a quorum of the board of the licensing entity, for the purposes of furthering an existing bona fide individual investigation;		
7 8	(5) A rehabilitation program under a health occupations board, on issuance of an administrative subpoena;		
9 10	(6) A patient with respect to prescription monitoring data about the patient;		
$\begin{array}{c} 11 \\ 12 \end{array}$	(7) Subject to subsection [(g)] (H) of this section, the authorized administrator of another state's prescription drug monitoring program;		
$\begin{array}{c} 13\\14\end{array}$	(8) The following units of the Department, on approval of the Secretary, for the purpose of furthering an existing bona fide individual investigation:		
15	(i) The Office of the Chief Medical Examiner;		
16	(ii) The Maryland Medical Assistance Program;		
17	(iii) The Office of the Inspector General;		
18	(iv) The Office of Health Care Quality; and		
19	(v) The Division of Drug Control; or		
20 21 22	(9) The technical advisory committee established under § 21–2A–07 of this subtitle for the purposes set forth in [subsection (c)] SUBSECTIONS (C) AND (D) of this section.		
$\frac{23}{24}$	(C) (1) IN ACCORDANCE WITH REGULATIONS ADOPTED BY THE SECRETARY:		
25 26 27	(I) THE PROGRAM MAY REVIEW PRESCRIPTION MONITORING DATA FOR INDICATIONS OF POSSIBLE MISUSE OR ABUSE OF A MONITORED PRESCRIPTION DRUG; AND		
28 29 30 31 32	(II) IF THE PROGRAM'S REVIEW OF PRESCRIPTION MONITORING DATA INDICATES POSSIBLE MISUSE OR ABUSE OF A MONITORED PRESCRIPTION DRUG, THE PROGRAM MAY REPORT THE POSSIBLE MISUSE OR ABUSE TO THE PRESCRIBER OR DISPENSER OF THE MONITORED PRESCRIPTION DRUG.		

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(2) BEFORE THE PROGRAM REPORTS THE POSSIBLE MISUSE OR 1  $\mathbf{2}$ ABUSE OF A MONITORED PRESCRIPTION DRUG TO A PRESCRIBER OR DISPENSER UNDER THIS SUBSECTION, THE PROGRAM SHALL OBTAIN FROM THE TECHNICAL 3 4 **ADVISORY COMMITTEE:**  $\mathbf{5}$ **(I)** CLINICAL GUIDANCE REGARDING INDICATIONS OF 6 POSSIBLE MISUSE OR ABUSE; AND 7**(II) INTERPRETATION OF THE PRESCRIPTION MONITORING** 8 DATA THAT INDICATES POSSIBLE MISUSE OR ABUSE. 9 [(c)] **(D)** Before the Program discloses information under subsection (b)(3), (4), (5), (7), or (8) of this section, the technical advisory committee [to the Program] 10 shall: 11 Review the requests for information; 12(1)13(2)Provide clinical guidance and interpretation of the information requested to the Secretary to assist in the Secretary's decision on how to respond to a 14judicial subpoena, administrative subpoena, or other request; and 1516Provide clinical guidance and interpretation of the information (3)17requested to the authorized recipient of the information. **(**d)**] (E)** 18 Except as provided by regulations adopted by the Secretary, a 19 person who receives prescription monitoring data from the Program may not disclose 20the data. 21[(e)] **(F)** (1)In addition to the disclosures required under subsection (b) 22of this section, the Program may disclose prescription monitoring data for research, 23analysis, public reporting, and education: 24(i) After redaction of all information that could identify a 25patient, prescriber, dispenser, or any other individual; and 26(ii) In accordance with regulations adopted by the Secretary. 27(2)The Secretary may require submission of an abstract explaining the scope and purpose of the research, analysis, public reporting, or education before 2829disclosing prescription monitoring data under this subsection. 30 The Office of the Attorney General may seek appropriate [(f)] (G) 31injunctive or other relief to maintain the confidentiality of prescription monitoring data as required under this section. 32

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1 The Program may provide prescription monitoring data to another [(g)] (H)  $\mathbf{2}$ state's prescription drug monitoring program only if the other state's prescription drug 3 monitoring program agrees to use the prescription monitoring data in a manner consistent with the provisions of this subtitle. 4  $\mathbf{5}$ [(h)] **(I)** The Program may: 6 (1)Request and receive prescription monitoring data from another 7state's prescription drug monitoring program and use the prescription monitoring data 8 in a manner consistent with the provisions of this subtitle; and 9 (2)Develop the capability to transmit prescription monitoring data to and receive prescription monitoring data from other prescription drug monitoring 10 programs employing the standards of interoperability. 11 12[(i)] (J) The Program may enter into written agreements with other states' 13prescription drug monitoring programs for the purpose of establishing the terms and conditions for sharing prescription monitoring data under this section. 1415[(j)] **(K)** Prescription monitoring data may not be used as the basis for 16 imposing clinical practice standards. 1721–2A–07. 18(a) There is a technical advisory committee to the Program. 19(b) The purpose of the technical advisory committee is to [review]: 20(1) **REVIEW** requests for information from the Program under § 2121–2A–06(b)(3), (4), (5), (7), and (8) of this subtitle; AND 22(2) **PROVIDE CLINICAL GUIDANCE AND INTERPRETATION TO THE** 23PROGRAM REGARDING INDICATIONS OF POSSIBLE MISUSE OR ABUSE OF A 24MONITORED PRESCRIPTION DRUG UNDER § 21–2A–06(C)(3) OF THIS SUBTITLE. 25The technical advisory committee consists of the following members, (c)26appointed by the Secretary: 27A board certified anesthesiologist licensed and practicing in the (1)28State, nominated by the Maryland Society of Anesthesiologists; 29(2)A certified addiction medicine specialist licensed and practicing in 30 the State, nominated by the Maryland Society for Addiction Medicine; 31A pharmacist licensed and practicing in the State; (3)

1 (4) A medical professional, licensed and practicing in the State, who is 2 treating cancer patients; and

3 (5) A board certified physician specializing in the treatment of 4 patients with pain, licensed and practicing in the State, nominated by the Maryland 5 Society of Physical Medicine and Rehabilitation.

6 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 7 October 1, 2014.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.