

Department of Legislative Services  
Maryland General Assembly  
2014 Session

FISCAL AND POLICY NOTE

House Bill 1296 (Delegate Kach, *et al.*)

Health and Government Operations

Finance

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

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This bill authorizes the Prescription Drug Monitoring Program (PDMP), in accordance with regulations adopted by the Secretary of Health and Mental Hygiene, to review prescription drug monitoring data for indications of possible misuse or abuse of a monitored prescription drug and, if indicated, report the possible misuse or abuse to the prescriber or dispenser. Before reporting possible misuse or abuse, PDMP must obtain clinical guidance regarding indications of possible misuse or abuse and interpretation of the prescription monitoring data that indicated possible misuse or abuse from the technical advisory committee (TAC).

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Fiscal Summary

**State Effect:** Any additional workload can be handled by PDMP within existing budgeted resources. No effect on revenues.

**Local Effect:** None.

**Small Business Effect:** None.

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Analysis

**Bill Summary:** TAC is authorized to provide clinical guidance and interpretation to PDMP regarding indication of possible misuse or abuse of a monitored prescription drug. PDMP regulations adopted by the Secretary must specify the process for PDMP's review of prescription monitoring data and reporting of possible misuse or abuse of a monitored prescription drug.

**Current Law:** Chapter 166 of 2011 established Maryland's PDMP within the Department of Health and Mental Hygiene (DHMH) to address issues of prescription drug abuse and drug diversion by monitoring all Schedule II-V controlled dangerous substances (CDS) by all prescribers and dispensers in the State. For each monitored prescription drug dispensed, a dispenser must electronically submit data to PDMP. Dispensers include not only pharmacies but also physicians, podiatrists, and dentists holding a dispensing permit from their respective licensing board. Prescribers, including physicians and other health care practitioners authorized to prescribe drugs, are encouraged *but not required* to query PDMP regarding a patient's history of prescribed CDS before prescribing a monitored drug. Prescription monitoring data is not a public record and may not be disclosed except as specifically authorized under the law.

The program is assisted by the 17-member Advisory Board on Prescription Drug Monitoring, which makes recommendations on the design, implementation, and funding of the program; provides annual reports to the Governor and the General Assembly; and provides general oversight of the program. A five-member TAC is required to review certain requests for information from PDMP, assist the Secretary of Health and Mental Hygiene in responding to requests, and provide clinical guidance to assist authorized recipients in interpreting data.

**Background:** As of January 2014, Maryland's PDMP was almost fully operational. According to DHMH, health care practitioners began registering to access PDMP data on December 20, 2013. Registrations for more than 50 "pilot" law enforcement users are also being processed, and DHMH agency and health occupations boards will begin registering soon.

The preliminary sunset evaluation report of PDMP conducted by the Department of Legislative Services (DLS) in 2013 reviewed potential best practices for PDMPs nationally. The Prescription Monitoring Program Model Act prepared by the Alliance of States with Prescription Monitoring recommends that a PDMP should review submitted information and notify (1) prescribers and dispensers of possible misuse or abuse and (2) law enforcement or professional licensing boards of potential law violations or breaches of professional standards.

DLS noted that, while most PDMPs generate unsolicited as well as solicited reports, Maryland's program generates reports only in response to specific inquiries, which is inconsistent with the Model Act. The Model Act does not, however, identify a specific threshold to be used; rather, it instructs PDMPs to review prescription data that "appears to indicate if a person may be obtaining prescriptions in a manner that may represent misuse or abuse of controlled substances" and "identify information that appears to indicate if a violation of law or breach of professional standards may have occurred." For example, an unsolicited report might be sent to relevant parties when a patient has

exceeded a specified number of filled CDS prescriptions of the same drug class, from a certain number of prescribers, or at a certain number of pharmacies within a specified period. Studies have indicated that unsolicited reporting (or alert letters) raises program awareness and may lead practitioners to make increased data requests and/or take greater responsive action (including substance abuse screening and treatment referral).

Currently, misuse of prescription drugs is second only to marijuana use as the nation's most prevalent illicit drug problem, with approximately 22 million people initiating nonmedical pain reliever use since 2002. Misuse of prescription drugs relates mostly to pain relievers such as oxycodone and hydrocodone, but also to benzodiazepines (tranquilizers). Oxycodone and hydrocodone belong to the group of drugs known as opioids, which also includes illegal drugs, notably heroin. In 2010-2011, about 1 in 26 Marylanders age 12 and older (3.89%) used pain relievers nonmedically. Rates of usage vary by age group both nationally and in Maryland, with the highest prevalence among young adults ages 18 to 25.

**Additional Comments:** The information technology behind Maryland's PDMP is currently capable of unsolicited reporting as would be required under the bill; however, this function is not used as statute does not yet authorize it. Thus, there would be no additional cost to implement review and reporting of possible abuse or misuse of prescription drugs by PDMP.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** None.

**Information Source(s):** Office of the Attorney General, Department of Health and Mental Hygiene, Department of State Police, Department of Legislative Services

**Fiscal Note History:** First Reader - March 5, 2014  
ncs/ljm

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