HB 922

Department of Legislative Services

Maryland General Assembly
2018 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 922 (Delegate Kipke, *et al.*)

Health and Government Operations | Finance and Education, Health, and Environmental Affairs

Maryland Department of Health – "Pill Mill" Tip Line and Overdose Report

This bill requires the Maryland Department of Health (MDH), by December 1, 2018, to identify a method for establishing a tip line for a person to report a licensed prescriber who the person suspects is prescribing or overprescribing medication. MDH is responsible for ensuring that reports are forwarded to the appropriate licensing board. The Secretary of Health must examine the specified prescription and treatment history of individuals in the State who suffered fatal overdoses and report annually to the Governor and the General Assembly. Specified State agencies must provide data to and enter into data sharing use agreements with MDH. MDH must seek any available federal funding to implement the required examinations and reports. By January 1, 2019, MDH must report to specified committees of the General Assembly on the feasibility of, and a proposed model for, establishing a Hub and Spoke model program in the State. **The bill takes effect June 1, 2018, and terminates July 31, 2022.**

Fiscal Summary

State Effect: No impact in FY 2018. General fund expenditures increase by $300,000 in FY 2019 and $150,000 annually from FY 2020 through 2022, as discussed below. Special fund expenditures may increase for affected health occupations boards beginning in FY 2019. To the extent MDH obtains federal funding, federal fund revenues and expenditures increase by an indeterminate amount beginning as early as FY 2019.

(in dollars)	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
FF Revenue	$0	-	-	-	-
GF Expenditure	$0	$300,000	$150,000	$150,000	$150,000
SF Expenditure	$0	-	-	-	-
FF Expenditure	$0	-	-	-	-
Net Effect	$0	($300,000)	($150,000)	($150,000)	($150,000)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: To the extent local agencies must provide data to and enter into data sharing use agreements with MDH, expenditures increase minimally. Revenues are not affected.

Small Business Effect: Minimal.

Analysis

Bill Summary:

Overdose Report

By July 1 of each year, the Secretary of Health must examine the specified prescription and treatment history of individuals in the State who suffered fatal overdoses involving opiates and other controlled dangerous substances (CDS) in the immediately preceding four calendar years. In conducting these examinations, the Secretary must collaborate with specified State and local agencies, including the Department of Public Safety and Correctional Services, the Department of Human Services, the Department of Juvenile Services, the Maryland Institute for Emergency Medical Services Systems, and the Department of Housing and Community Development.

Beginning July 1, 2019, and annually through July 1, 2022, the Secretary must provide a report on the findings of the required examinations to the Governor and the General Assembly. The reports must (1) include an assessment of the factors associated with fatal and nonfatal opioid overdose risk and an assessment of the programs targeted at opioid use and misuse, as specified; (2) identify and assess methods of intervening with populations found to be at risk of overdose or a substance use disorder; and (3) include recommendations for improving and providing statewide prevention, response, and data collection efforts related to substance use disorder. The assessments must include accessing and, where feasible, links to specified data sets.

By September 1, 2018, the agencies listed above, as well as any other State or local agency that the Secretary considers necessary, must provide data to and enter into a data sharing use agreement with MDH. Any records and information provided to MDH that could identify any individual are not public records and are not subject to discovery, subpoena, or other means of legal compulsion in civil or criminal litigation.

Hub and Spoke Model

Uncodified language requires MDH to (1) examine the feasibility of establishing a Hub and Spoke model program in the State; (2) develop a proposed model for the State and

determine the cost of the model; and (3) by January 1, 2019, report to specified committees of the General Assembly on the findings of the examination.

Current Law: Chapter 570 of 2017 requires a health care provider, on treatment for pain and based on the clinical judgment of the provider, to prescribe the lowest effective dose of an opioid and a quantity that is no greater than that needed for the expected duration of pain severe enough to require an opioid that is a CDS. An exception is provided if the opioid is prescribed to treat a substance-related disorder; pain associated with a cancer diagnosis; pain experienced while the patient is receiving end-of-life, hospice, or palliative care services; or chronic pain. The dosage, quantity, and duration of a prescribed opioid must be based on an evidence-based clinical guideline for prescribing a CDS that is appropriate for the health care delivery setting for the patient, the type of health care services required by the patient, and the age and health status of the patient. A violation of these requirements is grounds for disciplinary action by the appropriate health occupations board.

Chapter 570 also expressed the intent of the General Assembly that the State Board of Dental Examiners, the State Board of Nursing, the State Board of Physicians, and the State Board of Podiatric Medical Examiners work to educate practitioners to ensure that Maryland residents are aware of the risks associated with opioid drugs, including the risks of dependence, addiction, and overdose, and the dangers of taking an opioid drug with alcohol, benzodiazepines, and other depressants.

Background:

Prescription Drug Monitoring Program

Chapter 166 of 2011 established the Prescription Drug Monitoring Program (PDMP) to assist with the identification and prevention of prescription drug abuse and the identification and investigation of unlawful prescription drug diversion. PDMP must monitor the prescribing and dispensing of Schedule II through V CDS. Since July 1, 2017, all CDS dispensers have been required to register with PDMP. Beginning July 1, 2018, a prescriber must (1) request at least the prior four months of prescription monitoring data for a patient before initiating a course of treatment that includes prescribing or dispensing an opioid or a benzodiazepine; (2) request prescription monitoring data for the patient at least every 90 days until the course of treatment has ended; and (3) assess prescription monitoring data before deciding whether to prescribe or dispense – or continue prescribing or dispensing – an opioid or a benzodiazepine. A prescriber is not required to request prescription monitoring data if the opioid or benzodiazepine is prescribed or dispensed to specified individuals and in other specified circumstances.

Federal Guidelines on Prescribing Opioids

In 2016, the U.S. Centers for Disease Control and Prevention (CDC) issued guidelines for prescribing opioids for chronic pain. According to CDC, long-term opioid use often begins with treatment of acute pain. When used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed. Because physical dependence on opioids is an expected physiologic response in patients exposed to opioids for more than a few days, limiting days of opioids prescribed should also minimize the need to taper opioids to prevent distressing or unpleasant withdrawal symptoms and reduces the likelihood of physical dependence. Furthermore, prescriptions with fewer days' supply minimize the number of pills available for unintentional or intentional diversion.

Health Occupations Boards

Four health occupations boards (the State Board of Dental Examiners, the State Board of Nursing, the State Board of Physicians, and the State Board of Podiatric Medical Examiners) regulate health care providers authorized to prescribe medications. Each board currently receives and investigates complaints against its respective licensees, which may relate to suspected inappropriate prescribing or overprescribing of medications.

Predictive Risk Evaluation to Combat Overdose Grant

MDH's Behavioral Health Administration (BHA) received a three-year federal grant in 2015 to develop a predictive risk model that identifies whether specific individuals have certain risk factors that could lead to an overdose. BHA partners with the State health information exchange, Chesapeake Regional Information System for our Patients and the Center for Population Health Information Technology at the Johns Hopkins University on this project. MDH advises that challenges of current work on this project include buy-in from other State agencies and limited access to data sets.

Massachusetts' Chapter 55 Project

In 2015, Massachusetts enacted legislation to link state data resources together to answer key questions about individuals who experienced fatal and nonfatal overdoses in the state. The goal of the project was to generate statistics and other data to identify possible points of intervention or policy enhancements to prevent overdose in the state. Data from 22 data sets were used, 16 of which were linked at the individual level. Massachusetts issued *An Assessment of Fatal and Nonfatal Overdoses in Massachusetts (2011-2015)* in August 2017. The overdose assessment and reporting requirements of this bill are based on this project.

Hub and Spoke Model

Vermont has a Medicaid State Plan Amendment for a Health Home program for treating opioid addiction. The program is based on a hub and spoke system in which nine regional "hubs" offer daily support for patients with complex addictions. At over 75 local "spokes," doctors, nurses, and counselors offer ongoing opioid use disorder treatment fully integrated with general health care and wellness services. Vermont's adoption of this model has been associated with substantial increases in the state's opioid use disorder treatment capacity, with Vermont now having the highest capacity in the country.

State Fiscal Effect:

Tip Line

MDH advises that the Office of Controlled Substances Administration (OCSA) currently has a tip line and receives approximately 10 to 15 tips annually from a variety of sources concerning problematic activity involving CDS, including overprescribing of opioids and other CDS. For tips regarding overprescribing, OCSA requests a PDMP report for the prescriber and conducts investigations at pharmacies that dispense the prescriptions to confirm the validity of that PDMP data. An investigative summary is prepared, which may recommend action ranging from prescriber education on proper CDS prescribing to disciplinary action against the prescriber's CDS registration.

Given that this tip line is already in place, MDH can likely identify a method for establishing a tip line and ensure reports are forwarded to the appropriate health occupations boards using existing budgeted resources. To the extent the number of tips received increases significantly under the bill, general fund expenditures may increase, likely by a minimal amount, to provide additional staff to OCSA.

Special fund expenditures may increase for the State Board of Dental Examiners, the State Board of Nursing, the State Board of Physicians, and the State Board of Podiatric Medical Examiners due to an increased number of required investigations under the bill.

Overdose Report

General fund expenditures increase by $300,000 in fiscal 2019 to contract with a consultant to assist MDH in compiling and integrating specified data sets, conducting the required examinations of prescription and treatment history, and producing the report on the findings of the required examinations. General fund expenditures are maintained at approximately $150,000 from fiscal 2020 through 2022 to reflect ongoing contractual costs to conduct the required examinations and produce the annual reports, the last of which is due July 1, 2022.

To the extent MDH obtains federal funding for this purpose, federal fund revenues and expenditures increase, while general fund expenditures decline.

This analysis does not reflect any additional costs for various State agencies to enter into data sharing use agreements with MDH or to provide MDH with access to specified data sets. However, any such increase in expenditures is anticipated to be minimal.

Hub and Spoke

MDH advises that examination of the feasibility of establishing a Hub and Spoke model program and development of a proposed model (and estimated cost) can be incorporated into the scope of the consultant's work on the overdose report.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Commonwealth of Massachusetts; State of Vermont; Maryland Department of Health; Department of Legislative Services

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Analysis by: Jennifer B. Chasse

Direct Inquiries to:
(410) 946-5510
(301) 970-5510