



HB 1111
Unfavorable
Daniel T. Doherty, Jr.

The Maryland State Dental Association opposes HB 1111 – Prescription Drug Monitoring Program – Prescribers of Opioids – Notification Requirement
Respectfully submitted by Daniel T. Doherty, Jr. on behalf of the Maryland State Dental Association

HB 1111 mandates that whenever a prescriber prescribes or dispenses an opioid in a dosage of 50 morphine milligram equivalents or more, the prescriber must notify the program: (1) whether the patient has received education about the risks of opioid use; (2) that the patient is aware that an opioid reversal drug is available; and (3) whether the patient was prescribed or dispensed an opioid reversal drug. These requirements are unnecessary or inappropriate for the following reasons:

First: in order for a prescriber to be authorized to prescribe a monitored drug (Schedule II, III, IV, or V drugs) it is a prerequisite that they be knowledgeable about the monitored drug, including the risks associated with opioid use. Section 5-301 (c) of the Criminal Law Article requires that an authorized prescriber of opioids complete 2 hours of continuing education related to the prescribing or dispensing of controlled dangerous substances. These courses, which must be approved by the prescriber's licensure board, provide information about opioid reversal agents, and about morphine milligram equivalents. To require notification of this information to the PDMP is certainly unnecessary every time a prescriber prescribes an opioid of 50 morphine milligram equivalents.

Second: Section 1-223 (d)(1) of the Health Occupations Article requires whenever a patient is prescribed an opioid that the patient be advised of the benefits and risks associated with the opioid. Clearly, HB 1111 is duplicative.

Third: HB 1111 requires notification by the prescriber to the PDMP whether the patient has been prescribed an opioid reversal drug. Is it appropriate to always prescribe an opioid reversal drug? One would conclude NO. Shouldn't this be a determination to be made by the authorized prescriber? Won't this provision lead to prescribers prescribing opioid reversal drugs more often than may be appropriate? The obvious answer is Yes. This requirement would appear to heavily benefit the pharmaceutical manufactures of these reversal drugs.

Finally, it should be noted that emergency drug kits in dental offices do contain opioid reversal agents. Also, reversal agents (Narcan Nasal Spray) are available without a prescription at pharmacies. If a patient has a history of drug abuse and goes into respiratory arrest, it will

most likely be a family member, a by-stander, or rescue squad personnel administering the dose. It will not help the patient to pick up the reversal agent prescription if they don't inform a family member or someone close to them where it is located.

For these reasons the Maryland State Dental Association opposes HB 1111 and urges that it receive an unfavorable report.

Submitted by:
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