HOUSE BILL 525

J3 (8lr1860)

ENROLLED BILL

—Health and Government Operations/Finance—

Introduced by Delegates Kullen, Beitzel, Donoghue, Gilchrist, Kaiser, Mizeur, Pena-Melnyk, Pendergrass, Reznik, Stull, V. Turner, and Weldon Weldon, Benson, Elliott, Hammen, Kach, Kipke, McDonough, Montgomery, Oaks, and Riley

Read and Examined by Proofreaders:

	•
	Proofreader.
	Proofreader.
Sealed with the Great Seal and	presented to the Governor, for his approval this
day of	at o'clock,M.
	Speaker.
	CHAPTER
AN ACT concerning	
-	n Drug Monitoring Program Prescription Drug Monitoring – Study
establish and maintain a certae the Department; establishing and Mental Hygiene under to be destroyed after a certae of certain information is Advisory Board on Presertinglementation, and evaluation	ne Department of Health and Mental Hygiene to rtain Prescription Drug Monitoring Program withing the powers and duties of the Secretary of Health the Program; requiring prescription monitoring data in time period unless a certain request for retention submitted to the Department; creating a certain iption Drug Monitoring to assist in the design, ation of the Program; establishing the chair, the design the responsibilities of the Board; requiring the

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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

Italics indicate opposite chamber/conference committee amendments.



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Secretary to appoint a multidisciplinary consultation team to assist in the interpretation of prescription monitoring data; requiring dispensers to submit electronically certain information to the Program except in certain circumstances; prohibiting the Board and the Secretary from charging a fee or imposing an assessment on certain persons for certain purposes; making prescription monitoring data confidential and privileged and not subject to certain means of legal compulsion except under certain circumstances; authorizing certain agencies and persons to obtain access to prescription monitoring data under certain circumstances; establishing immunity from liability for certain agencies and persons relating to the operation and use of the Program; providing for education and training relating to the Program; establishing penalties for violations of the requirements of the Program; defining certain terms; providing that implementation of the Program is contingent on the Board obtaining certain federal, State, or private funds; prohibiting the Program from collecting prescription monitoring data before a certain date: and generally relating to the creation and operation of the Prescription Drug Monitoring Program. FOR the purpose of establishing an Advisory Council on Prescription Drug Monitoring in the Department of Health and Mental Hygiene; establishing the membership and chair of the Council; requiring the Council to study the establishment of a certain prescription drug monitoring program; requiring the study to make recommendations to the Secretary of Health and Mental Hygiene for establishing a prescription drug monitoring program for certain purposes; requiring the Council to include certain items in its study and recommendations; requiring the Council submit a certain interim report and a certain final report on or before certain dates; defining a certain term; providing for the termination of this Act; and generally relating to an Advisory Council on Prescription Drug Monitoring and a study of a prescription drug monitoring program.

BY adding to

Article – Health – General

Section 21–2A–01 through 21–2A–09 to be under the new subtitle "Subtitle 2A.

Prescription Drug Monitoring Program to be under the new subtitle

"Subtitle 2A. Advisory Council on Prescription Drug Monitoring"

Annotated Code of Maryland

(2005 Replacement Volume and 2007 Supplement)

36 Preamble

WHEREAS, Thousands of Marylanders suffer from chronic pain and other conditions that make access to pain medications and other pharmaceutical therapies necessary and beneficial; and

WHEREAS, Increasing numbers of Maryland adults and adolescents are engaging in prescription drug abuse and diversion to the detriment of their health and welfare; and

$\begin{matrix} 1 \\ 2 \\ 3 \end{matrix}$	that suppo	rts th	Maryland should have a Prescription Drug Monitoring Program e lawful use of controlled substances without interfering with conal practice and patient care; and
4 5 6 7	professional prevention	ls and of pres	A Prescription Drug Monitoring Program should assist health care law enforcement professionals in the identification, treatment, and scription drug abuse and in the identification and investigation of the identification and investigation and investigation of the identification and investigation of the identification and investigation and investigation of the identification and investigation and inve
8 9 10 11	Drug Moni	itoring	Data concerning monitored prescription drugs under a Prescription Program would be available for research purposes, including e effects of the Prescription Drug Monitoring Program itself; now,
12 13	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:		
14			Article - Health - General
15 16	SUBTIT		A. PRESCRIPTION DRUG MONITORING PROGRAM ADVISORY OUNCIL ON PRESCRIPTION DRUG MONITORING.
17	21-2A-01.		
18 19	(A) INDICATEI		HIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
20	(B)	<u>"Au</u>	THORIZED RECIPIENT" MEANS:
21		(1)	A DISPENSER;
22		(2)	A PRESCRIBER;
23		(3)	A FEDERAL LAW ENFORCEMENT AGENCY;
24		(4)	A STATE OR LOCAL LAW ENFORCEMENT AGENCY;
25		(5)	A LICENSING ENTITY;
26		(6)	THE MARYLAND MEDICAL ASSISTANCE PROGRAM;
27 28	PATIENT; ((7))R	A PATIENT WITH RESPECT TO INFORMATION ABOUT THE

1	(8) Any person under contract with the Department
2	CONCERNING THE OPERATION OF THE PROGRAM.
3	(C) "BOARD" MEANS THE ADVISORY BOARD ON PRESCRIPTION DRUG
4	MONITORING.
5	(D) (1) "DISPENSER" MEANS A PERSON WHO DISPENSES A
6	MONITORED PRESCRIPTION DRUG TO A PATIENT OR THE PATIENT'S AGENT IN
7	THE STATE.
8	(2) "Dispenser" includes a person operating by mail or
9	OTHER MEANS FROM A PLACE OF BUSINESS OUTSIDE THE STATE.
10	(3) "DISPENSER" DOES NOT INCLUDE A LICENSED HOSPITAL
11	PHARMACY THAT DISPENSES A MONITORED PRESCRIPTION DRUG FOR
12	INPATIENT HOSPITAL CARE.
13	(E) "DISPENSES" HAS THE MEANING STATED IN § 12-101 OF THE
14	HEALTH OCCUPATIONS ARTICLE.
15	(F) "FEDERAL LAW ENFORCEMENT AGENCY" MEANS:
16	(1) ANY ENTITY WITHIN THE UNITED STATES DEPARTMENT OF
17	Justice, including:
18	(I) THE DRUG ENFORCEMENT ADMINISTRATION;
19	(H) THE FEDERAL BUREAU OF INVESTIGATION; AND
20	(HI) A UNITED STATES ATTORNEY'S OFFICE; OR
21	(2) THE OFFICE OF THE INSPECTOR GENERAL OF THE
22	DEPARTMENT OF HEALTH AND HUMAN SERVICES.
23	(G) "Licensing entity" means an entity authorized under the
24	HEALTH OCCUPATIONS ARTICLE TO LICENSE, REGULATE, OR DISCIPLINE A
25	PRESCRIBER OR DISPENSER.
26	(H) "MONITORED PRESCRIPTION DRUG" MEANS A PRESCRIPTION DRUG
$\frac{27}{27}$	THAT CONTAINS A SUBSTANCE LISTED IN SCHEDULE II THROUGH SCHEDULE
28	W.

1	(I)	"PRESCRIBER" MEANS A LICENSED HEALTH CARE PROFESSIONAL
2	WHO IS A	THORIZED BY LAW TO PRESCRIBE A MONITORED PRESCRIPTION
3	DRUG.	
4	(J)	"Prescription drug" has the meaning stated in § 21-201 of
5	THIS TITLE	
6	(K)	"Prescription monitoring data" means the information
7	\/	TO THE PROGRAM.
•	SCHMITE	
8	(L)	"PROGRAM" MEANS THE PRESCRIPTION DRUG MONITORING
9	\— <i>/</i>	ESTABLISHED UNDER THIS SUBTITLE.
U	1 Itodium	ESTABLISHED CADER THIS SUBTILLE.
10	<u>(M)</u>	"SCHEDULE II" MEANS THE LIST OF CONTROLLED DANGEROUS
11	` '	ES SET FORTH IN \$ 5-403 OF THE CRIMINAL LAW ARTICLE.
11	BUBBIANC	ES SEL PORTITION & OF THE CHIMINAL EAW PROTECTES
12	(N)	"SCHEDULE III" MEANS THE LIST OF CONTROLLED DANGEROUS
13	` '	ES SET FORTH IN \$ 5-404 OF THE CRIMINAL LAW ARTICLE.
10	SUDSTAINE	ES SEL PORTHER & OF THE CHIMINAL LAW ARTICLES
14	(0)	"SCHEDULE IV" MEANS THE LIST OF CONTROLLED DANGEROUS
15	(-)	ES SET FORTH IN § 5-405 OF THE CRIMINAL LAW ARTICLE.
10	SUDSTAIN	ES SEL PORTITION & OF THE ORIGINAL LAW ARTICLES
16	(P)	"STATE OR LOCAL LAW ENFORCEMENT AGENCY" MEANS:
10	(1)	
17		(1) A STATE, COUNTY, OR MUNICIPAL POLICE DEPARTMENT OR
18	AGENCY:	(1) II SIMILY COUNTY ON MONIONIAL TOLICE BETTAVIMENT ON
10	nderio;	
19		(2) A SHERIFF'S OFFICE;
10		(a) Histillian Solliel,
20		(3) A STATE'S ATTORNEY'S OFFICE; OR
21		(4) THE OFFICE OF THE ATTORNEY GENERAL.
22	21-2A-02.	
	21 211 021	
23	(A)	THE DEPARTMENT SHALL ESTABLISH AND MAINTAIN, IN
$\frac{2}{24}$	` '	TION WITH THE BOARD, A PRESCRIPTION DRUG MONITORING
25		THAT ELECTRONICALLY COLLECTS AND STORES DATA CONCERNING
26		D PRESCRIPTION DRUGS.
20	MONITORE	DIRECTION DICUS.
27	(p)	THE SECRETARY MAY:
41	(D)	THE DECRETAGE WATE
28		(1) ASSIGN RESPONSIBILITY FOR THE OPERATION OF THE
29	DDOCDANA	TO ANY UNIT IN THE DEPARTMENT: AND
40	1 ItOUIUIVI	TO ANY CIVIL IN THE DELANTIMENT, AND

1	(2) CONTRACT WITH ANY QUALIFIED PERSON AS THE SECRETARY
2	DEEMS NECESSARY FOR THE EFFICIENT AND ECONOMICAL OPERATION OF THE
3	Program.
4	(C) THE SECRETARY, IN CONSULTATION WITH THE BOARD, SHALL
5	ADOPT REGULATIONS TO CARRY OUT THIS SUBTITLE.
6	(D) THE REGULATIONS ADOPTED BY THE SECRETARY SHALL:
7	(1) ASSIST HEALTH CARE PROVIDERS AND LAW ENFORCEMENT
8	
0	PROFESSIONALS IN:
9	(I) THE IDENTIFICATION, TREATMENT, AND PREVENTION
10	OF PRESCRIPTION DRUG ABUSE; AND
10	or rubbetti mon bited abose, and
11	(II) THE IDENTIFICATION AND INVESTIGATION OF
12	UNLAWFUL PRESCRIPTION DRUG DIVERSION;
	,
13	(2) PROMOTE A BALANCED USE OF PRESCRIPTION MONITORING
14	DATA TO ASSIST APPROPRIATE LAW ENFORCEMENT ACTIVITIES WHILE
15	PRESERVING THE PROFESSIONAL PRACTICE OF HEALTH CARE PROVIDERS AND
16	THE ACCESS OF PATIENTS TO OPTIMAL PHARMACEUTICAL CARE;
17	(3) IDENTIFY THE CIRCUMSTANCES UNDER WHICH
18	PRESCRIPTION MONITORING DATA ARE PROVIDED TO AN AUTHORIZED
19	RECIPIENT, WITH SUCH CIRCUMSTANCES TO PARALLEL AS CLOSELY AS IS
20	APPROPRIATE AN AUTHORIZED RECIPIENT'S AUTHORITY TO ACCESS SIMILAR
21	CONFIDENTIAL INFORMATION UNDER FEDERAL AND STATE LAWS AND
22	REGULATIONS IN EFFECT AT THE TIME THE PROGRAM WAS ESTABLISHED;
23	(4) IDENTIFY THE CIRCUMSTANCES UNDER WHICH AN
24	AUTHORIZED RECIPIENT MAY DISCLOSE PRESCRIPTION MONITORING DATA
25	PROVIDED BY THE PROGRAM;
26	(E) IDENTIFY THE CIDCLINGTANCES INDED WHICH A DEDUCAT
26 27	(5) IDENTIFY THE CIRCUMSTANCES UNDER WHICH A FEDERAL
28	LAW ENFORCEMENT AGENCY, A STATE OR LOCAL LAW ENFORCEMENT AGENCY,
	OR A LICENSING ENTITY THAT HAS RECEIVED PRESCRIPTION MONITORING
29	DATA SHALL CONSULT WITH THE MULTIDISCIPLINARY CONSULTATION TEAM
30	ESTABLISHED UNDER § 21–2A–04 OF THIS SUBTITLE ABOUT THE
31	INTERPRETATION OF THE PRESCRIPTION MONITORING DATA;
32	(6) PROMOTE APPROPRIATE AND REAL-TIME, IF FEASIBLE,
-	(O) I WOMOID AND WHITE AND WEAR INNE, IF FEASIBLE,

ACCESS TO PRESCRIPTION MONITORING DATA BY DISPENSERS AND

1	PRESCRIBERS TO HELP PREVENT SUBSTANCE ABUSE AND PRESCRIPTION DRUG
2	DIVERSION;
3	(7) REQUIRE THE BOARD TO APPLY FOR FEDERAL GRANT
4	MONEY, AS APPROPRIATE;
5	(8) Ensure that the Program is designed to:
6	(I) PREVENT, TO THE FULLEST EXTENT POSSIBLE, THE
7	BURDEN ON DISPENSERS IN THEIR COMPLIANCE WITH THE REQUIREMENTS OF
8	THIS SUBTITLE; AND
9	(II) RECEIVE PRESCRIPTION MONITORING DATA IN A
10	MANNER COMPATIBLE WITH EXISTING DATA SUBMISSION PRACTICES OF
l 1	DISPENSERS; AND
12	(9) Ensure that:
13	(I) CONFIDENTIAL OR PRIVILEGED PATIENT INFORMATION
L 4	IS KEPT CONFIDENTIAL; AND
L 5	(II) RECORDS OR INFORMATION PROTECTED BY THE
l 6	PRIVILEGE BETWEEN A HEALTH CARE PROVIDER AND A PATIENT, OR
L 7	OTHERWISE REQUIRED BY LAW TO BE HELD CONFIDENTIAL, IS FILED IN A
l 8	MANNER THAT, EXCEPT AS OTHERWISE PROVIDED IN § 21-2A-06 OF THIS
9	SUBTITLE, DOES NOT DISCLOSE THE IDENTITY OF THE PERSON PROTECTED.
20	(E) PRESCRIPTION MONITORING DATA SHALL BE DESTROYED AFTER 2
21	YEARS, UNLESS A LAW ENFORCEMENT AGENCY OR A HEALTH OCCUPATIONS
22	BOARD HAS SUBMITTED A WRITTEN REQUEST TO THE DEPARTMENT FOR
23	RETENTION OF SPECIFIC INFORMATION.
24	21-2A-03.
25	(A) IN THIS SUBTITLE, "COUNCIL" MEANS THE ADVISORY COUNCIL ON
26	PRESCRIPTION DRUG MONITORING.
27	(A) (B) THERE IS AN ADVISORY BOARD COUNCIL ON PRESCRIPTION
28	DRUG MONITORING IN THE DEPARTMENT.
29	(B) (C) THE BOARD COUNCIL CONSISTS OF THE FOLLOWING 21
30	MEMBERS:

APPROPRIATE ORGANIZATION:

	6 HUUSE BILL 323
1 2	(1) THE ATTORNEY GENERAL, OR THE ATTORNEY GENERAL'S DESIGNEE;
3	(2) THE SECRETARY, OR THE SECRETARY'S DESIGNEE;
4 5	(3) THE PRESIDENT OF THE MARYLAND BOARD OF PHARMACY OR THE PRESIDENT'S DESIGNEE;
6 7	(4) THE CHAIR OF THE MARYLAND BOARD OF PHYSICIANS, OF THE CHAIR'S DESIGNEE;
8 9	(5) THE PRESIDENT OF THE MARYLAND BOARD OF NURSING, OF THE PRESIDENT'S DESIGNEE;
10 11	(6) THE CHAIR OF THE MARYLAND HEALTH CARE COMMISSION OR THE CHAIR'S DESIGNEE;
12 13 14 15	(7) FOUR PHYSICIANS AND ONE NURSE PRACTITIONER WITH EXPERTISE IN AREAS OF PRACTICE THAT INVOLVE PAIN MANAGEMENT AND SUBSTANCE ABUSE AND ADDICTION TREATMENT, APPOINTED BY THE SECRETARY AFTER CONSULTATION WITH:
16 17 18 19 20	(I) THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, THE MARYLAND STATE MEDICAL SOCIETY, THE MARYLAND PHYSICAL MEDICINE AND REHABILITATION SOCIETY, AND THE MARYLAND SOCIETY OF ANESTHESIOLOGISTS WITH RESPECT TO THE PHYSICIAN APPOINTMENTS; AND
21 22 23 24 25	(II) THE MARYLAND NURSES COALITION, THE MARYLAND COALITION OF NURSE PRACTITIONERS, THE NURSE PRACTITIONER ASSOCIATION OF MARYLAND, THE MARYLAND ASSOCIATION OF NURSE AND THE MARYLAND NURSES ASSOCIATION WITH RESPECT TO THE NURSE PRACTITIONER APPOINTMENT;
26 27 28 29	(8) FOUR PHARMACISTS, APPOINTED BY THE SECRETARY AFTER CONSULTATION WITH THE MARYLAND PHARMACISTS ASSOCIATION, THE MARYLAND ASSOCIATION OF CHAIN DRUG STORES, EPIC PHARMACIES UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY, AND ANY OTHER

(i) Three of whom represent the perspective of 32 independent and chain pharmacies and pharmacists; and

1	(II) ONE OF WHOM REPRESENTS THE PERSPECTIVE OF
2	HOSPITAL OUTPATIENT PHARMACIES;
3	(9) A FEDERAL LAW ENFORCEMENT OFFICIAL, APPOINTED BY
4	THE SECRETARY AFTER CONSULTATION WITH THE DRUG ENFORCEMENT
5	Administration of the United States Department of Justice;
6	(10) (9) A MEMBER OF THE SOCIETY OF ADDICTION MEDICINE;
7	(10) A STATE LAW ENFORCEMENT OFFICIAL, APPOINTED BY THE
8	SECRETARY AFTER CONSULTATION WITH THE MARYLAND STATE POLICE;
9	(11) (10) (11) A LOCAL LAW ENFORCEMENT OFFICIAL,
10	APPOINTED BY THE SECRETARY AFTER CONSULTATION WITH THE MARYLAND
11	CHIEFS OF POLICE ASSOCIATION;
12	(12) (11) (12) A PROSECUTOR, APPOINTED BY THE SECRETARY
13	AFTER CONSULTATION WITH THE MARYLAND STATE'S ATTORNEYS
14	ASSOCIATION; AND
15	(13) (12) (13) TWO MARYLAND CITIZENS WHO REPRESENT THE
16	PERSPECTIVE OF PAIN PATIENTS, APPOINTED BY THE SECRETARY FROM A LIST
17	SUBMITTED BY THE MARYLAND PAIN INITIATIVE; AND
18	(13) (14) ANY OTHER INDIVIDUAL OR REPRESENTATIVE AT THE
19	SECRETARY'S DISCRETION.
20	(C) (D) THE SECRETARY SHALL DESIGNATE THE CHAIR OF THE
21	BOARD COUNCIL.
22	(D) (1) THE TERM OF A MEMBER APPOINTED BY THE SECRETARY IS 3
23	YEARS.
24	(2) IF A VACANCY OCCURS DURING THE TERM OF AN APPOINTED
25	MEMBER, THE SECRETARY SHALL APPOINT A SUCCESSOR WHO SHALL SERVE
26	UNTIL THE TERM EXPIRES.
27	(E) THE BOARD COUNCIL SHALL:
28	(1) MEET NOT FEWER THAN THREE TIMES ANNUALLY;
29	(2) Make recommendations to the Secretary regarding
30	THE DESIGN AND IMPLEMENTATION OF THE PROGRAM, IN ACCORDANCE WITH
31	THE PROVISIONS OF THIS SUBTITLE, INCLUDING RECOMMENDATIONS ABOUT:

_	() -
1	(I) REGULATIONS AND THE NEED FOR ANY FURTHER
2	LEGISLATION CONCERNING THE PROGRAM; AND STUDY THE ESTABLISHMENT
3	OF A PRESCRIPTION DRUG MONITORING PROGRAM THAT ELECTRONICALLY
4	COLLECTS AND STORES DATA CONCERNING MONITORED PRESCRIPTION DRUGS.
5	(F) THE COUNCIL SHALL MAKE RECOMMENDATIONS TO THE
6	SECRETARY FOR ESTABLISHING A PRESCRIPTION DRUG MONITORING PROGRAM
7	THAT:
8	(1) Assists health care providers and law enforcement
9	PROFESSIONALS IN:
	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
10	(I) THE IDENTIFICATION, TREATMENT, AND PREVENTION
11	OF PRESCRIPTION DRUG ABUSE; AND
	or respective from the contract of the contrac
12	(II) THE IDENTIFICATION AND INVESTIGATION OF
13	UNLAWFUL PRESCRIPTION DRUG DIVERSION;
10	CHEAVITUE I RESORT HON BROW DIVERSION,
14	(2) PROMOTES A BALANCED USE OF PRESCRIPTION DRUG
15	MONITORING DATA TO ASSIST APPROPRIATE LAW ENFORCEMENT ACTIVITIES
16	
17	PROVIDERS AND THE ACCESS OF PATIENTS TO OPTIMAL PHARMACEUTICAL
18	CARE; AND
10	(0) Provents appropriate and prof. The Accres to
19	(3) PROMOTES APPROPRIATE AND REAL-TIME ACCESS TO
20	PRESCRIPTION DRUG MONITORING DATA BY DISPENSERS AND PRESCRIBERS TO
21	HELP PREVENT SUBSTANCE ABUSE AND PRESCRIPTION DRUG DIVERSION.
22	
22	(G) IN ITS STUDY AND RECOMMENDATIONS, THE COUNCIL SHALL:
23	(1) <u>IDENTIFY THE PRESCRIPTION DRUGS TO BE MONITORED;</u>
24	(2) IDENTIFY THE TYPES OF DISPENSERS THAT SHALL BE
25	REQUIRED TO SUBMIT INFORMATION TO A PRESCRIPTION DRUG MONITORING
26	PROGRAM;
27	(3) DETERMINE THE DATA A DISPENSER MUST SUBMIT TO A
28	PRESCRIPTION DRUG MONITORING PROGRAM FOR A MONITORED
29	PRESCRIPTION DRUG;
30	(4) DETERMINE THE PROCESS FOR SUBMITTING PRESCRIPTION
31	DRUG MONITORING DATA TO A PRESCRIPTION DRUG MONITORING PROGRAM;

1	(5) SPECIFY RECIPIENTS AUTHORIZED TO RECEIVE
2	PRESCRIPTION DRUG MONITORING DATA FROM A PRESCRIPTION DRUG
3	MONITORING PROGRAM;
	======================== y
4	(6) IDENTIFY THE CIRCUMSTANCES UNDER WHICH
5	PRESCRIPTION DRUG MONITORING DATA ARE PROVIDED TO AN AUTHORIZED
6	RECIPIENT;
	
7	(7) IDENTIFY THE CIRCUMSTANCES UNDER WHICH AN
8	AUTHORIZED RECIPIENT MAY DISCLOSE PRESCRIPTION DRUG MONITORING
9	DATA PROVIDED BY A PRESCRIPTION DRUG MONITORING PROGRAM;
LO	(8) DETERMINE HOW TO ENSURE THAT CONFIDENTIAL OR
l1	PRIVILEGED PATIENT INFORMATION IS KEPT CONFIDENTIAL;
12	(9) DEFINE THE PROCESS FOR INTERPRETING PRESCRIPTION
L3	DRUG MONITORING DATA FOR DISCIPLINARY OR LAW ENFORCEMENT
L 4	PURPOSES;
	<u> </u>
L 5	(10) DETERMINE THE MOST EFFICIENT AND EFFECTIVE
l 6	OPERATION OF A PRESCRIPTION DRUG MONITORING PROGRAM;
	<u></u>
L 7	(11) DETERMINE THE COST OF AND SOURCES OF FUNDS FOR
l 8	ESTABLISHING AND OPERATING A PRESCRIPTION DRUG MONITORING
l 9	PROGRAM, INCLUDING THE COST OF AND SOURCES OF FUNDS FOR SUBMITTING
20	AND RECEIVING PRESCRIPTION DRUG MONITORING DATA TO AND FROM THE
21	PROGRAM;
	
22	(12) DETERMINE WHETHER THE ESTABLISHMENT AND OPERATION
23	OF A PRESCRIPTION DRUG MONITORING PROGRAM IS FEASIBLE WITHOUT
24	ADDITIONAL COST TO DISPENSERS AND AUTHORIZED RECIPIENTS;
	<u></u>
25	(13) DETERMINE A TIME LINE FOR ESTABLISHING AND
26	IMPLEMENTING A PRESCRIPTION DRUG MONITORING PROGRAM;
27	(14) IDENTIFY THE TYPES OF EDUCATION AND TRAINING NEEDED
28	TO IMPLEMENT A PRESCRIPTION DRUG MONITORING PROGRAM;
	10 Mil Davidi, 111 Mascaul 1101, Blood Machini Gillian (1100 Gillian)
29	(15) DETERMINE THE NEED FOR IMMUNITY FROM LIABILITY IN
30	CONNECTION WITH THE SUBMISSION OR RECEIPT OF PRESCRIPTION DRUG
31	MONITORING DATA; AND
_	
32	(16) DETERMINE THE NEED FOR PENALTIES FOR IMPROPER

SUBMISSION OR USE OF PRESCRIPTION DRUG MONITORING DATA.

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BOARD.

1	(H) THE COUNCIL SHALL SUBMIT TO THE GOVERNOR AND, IN
2	ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE
3	GENERAL ASSEMBLY AN INTERIM REPORT ON OR BEFORE DECEMBER 31, 2008,
4	AND A FINAL REPORT ON OR BEFORE DECEMBER 31, 2009 ON THE COUNCIL'S
5	STUDY AND RECOMMENDATIONS.
0	(m) Comment of the co
6	(H) SOURCES OF FUNDING, INCLUDING GRANT FUNDS
7	UNDER THE HAROLD ROGERS PRESCRIPTION DRUG MONITORING PROGRAM
8	AND OTHER SOURCES OF FEDERAL, PRIVATE, OR STATE FUNDS;
9	(3) (1) Provide within 180 days after its first meeting,
10	IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, AN
11	INTERIM REPORT TO THE GENERAL ASSEMBLY SETTING FORTH THE BOARD'S
12	ANALYSIS AND RECOMMENDATIONS UNDER ITEM (2) OF THIS SUBSECTION
13	REGARDING THE DESIGN, IMPLEMENTATION, AND FUNDING OF THE PROGRAM;
14	AND
15	(H) PROVIDE ANNUALLY TO THE GOVERNOR AND, IN
16	ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE
17	GENERAL ASSEMBLY AN ANALYSIS OF THE IMPACT OF THE PROGRAM ON
18	PATIENT ACCESS TO PHARMACEUTICAL CARE AND ON CURBING PRESCRIPTION
19	DRUG DIVERSION IN THE STATE, INCLUDING ANY RECOMMENDATIONS RELATED
20	TO MODIFICATION OR CONTINUATION OF THE PROGRAM; AND
21	(4) PROVIDE ONGOING ADVICE AND CONSULTATION ON THE
22	IMPLEMENTATION AND OPERATION OF THE PROGRAM, INCLUDING
23	RECOMMENDATIONS REGARDING:
24	(I) CHANGES IN THE PROGRAM TO REFLECT ADVANCES IN
25	TECHNOLOGY AND BEST PRACTICES IN THE FIELD OF ELECTRONIC HEALTH
26	RECORDS AND ELECTRONIC PRESCRIPTION MONITORING; AND
a -	
27	(H) THE DESIGN AND IMPLEMENTATION OF AN ONGOING
28	EVALUATION COMPONENT OF THE PROGRAM.
29	21-2A-04.
90	(A) THE CEODEMANN CHAIL ADDOLLER A BULL DIDICION TO
30	(A) THE SECRETARY SHALL APPOINT A MULTIDISCIPLINARY
31	CONSULTATION TEAM.
32	(B) THE MULTIDISCIPLINARY CONSULTATION TEAM SHALL REFLECT
33	THE DIVERSITY AND BALANCE OF PERSPECTIVES REPRESENTED ON THE
J	THE DIVERSITE MAD DAMANCE OF FERSTECTIVES REFRESENTED ON THE

1	(C) THE MULTIDISCIPLINARY CONSULTATION TEAM SHALL CONSIST OF
2	(1) Program staff;
3	(2) MEMBERS OF THE BOARD; AND
4	(3) ANY CONSULTANTS THAT THE SECRETARY DETERMINES WIL
5	HELP ACHIEVE THE DIVERSITY AND BALANCE OF PERSPECTIVES REPRESENTE
6	ON THE BOARD.
7	(D) IN ACCORDANCE WITH REGULATION, THE MULTIDISCIPLINAR
8	CONSULTATION TEAM SHALL ASSIST A FEDERAL LAW ENFORCEMENT AGENCY,
9	STATE OR LOCAL LAW ENFORCEMENT AGENCY, OR A LICENSING ENTITY THA
10	HAS RECEIVED PRESCRIPTION MONITORING DATA FROM THE PROGRAM I
11	INTERPRETING THE DATA AND CONSIDERING WHETHER THE DATA, IN TH
12	CONTEXT OF THE NATURE OF A PRESCRIBER'S OR A DISPENSER'S PRACTICE,
13	PATIENT'S MEDICAL CONDITION, OR ANY OTHER RELEVANT FACTS, SUGGES
14	THE NEED FOR FURTHER INVESTIGATION.
15	21-2A-05.
16	(A) FOR EACH MONITORED PRESCRIPTION DRUG THAT IS DISPENSED,
17	DISPENSER SHALL SUBMIT TO THE PROGRAM INFORMATION SPECIFIED BY TH
18	SECRETARY, INCLUDING:
19	(1) A PATIENT IDENTIFIER;
20	(2) THE PRESCRIPTION DRUG DISPENSED;
21	(3) THE DATE OF DISPENSING;
22	(4) THE QUANTITY DISPENSED;
23	(5) THE PRESCRIBER; AND
24	(6) THE PHARMACY FROM WHICH THE DRUG IS DISPENSED.
25	(B) EXCEPT AS PROVIDED IN SUBSECTION (C) OF THIS SECTION,
26	DISPENSER SHALL SUBMIT PRESCRIPTION MONITORING DATA TO TH
27	PROGRAM BY ELECTRONIC SUBMISSION.
28	(C) THE PROGRAM, FOR GOOD CAUSE SHOWN, MAY AUTHORIZE
29	DISPENSER TO:

1	(1) Submit prescription monitoring data by an
2	ALTERNATIVE FORM OF SUBMISSION; OR
_	
3	(2) OMIT ONE OR MORE ELEMENTS OF PRESCRIPTION
4	MONITORING DATA.
5	(D) THE BOARD AND THE SECRETARY MAY NOT CHARGE A FEE OF
6	IMPOSE AN ASSESSMENT ON A HOSPITAL, DISPENSER, OR PRESCRIBER FOR:
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7 8	(1) THE ESTABLISHMENT, MAINTENANCE, OR ADMINISTRATION
0	OF THE PROGRAM; OR
9	(2) THE TRANSMISSION OF INFORMATION TO OR FROM THE
LO	Program.
l 1	21-2A-06.
12	(A) PRESCRIPTION MONITORING DATA:
13	(1) ARE CONFIDENTIAL AND PRIVILEGED, AND NOT SUBJECT TO
L 4	DISCOVERY, SUBPOENA, OR OTHER MEANS OF LEGAL COMPULSION IN CIVIL
L5	LITIGATION;
16	(2) ARE NOT PUBLIC RECORDS; AND
	(2) 12121(01102201220)12(2
L 7	(3) Except as provided in subsections (b) and (d) of this
L 8	SECTION OR AS OTHERWISE PROVIDED BY LAW, MAY NOT BE DISCLOSED TO ANY
L9	PERSON.
20	(B) THE PROGRAM MAY, IN ACCORDANCE WITH REGULATION
21	DISCLOSE PRESCRIPTION MONITORING DATA TO AN AUTHORIZED RECIPIENT:
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22	(1) IN CONNECTION WITH THE MEDICAL CARE OF A PATIENT;
23	(2) IN CONNECTION WITH THE DISPENSING OF A MONITOREE
24	PRESCRIPTION DRUG; OR
25	(3) FOR THE PURPOSE OF FURTHERING AN EXISTING BONA FIDE
26	INDIVIDUAL INVESTIGATION.
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27	(C) EXCEPT AS PROVIDED BY REGULATION, AN AUTHORIZED RECIPIENT
28 00	WHO RECEIVES PRESCRIPTION MONITORING DATA FROM THE PROGRAM MAY

1	(D) THE PROGRAM MAY DISCLOSE PRESCRIPTION MONITORING DATA
2	AFTER REDACTION OF ALL INFORMATION THAT COULD IDENTIFY A PATIENT,
3	PRESCRIBER, DISPENSER, OR OTHER INDIVIDUAL.
4	21-2A-07.
5	(A) THE DEPARTMENT AND ITS AGENTS AND EMPLOYEES ARE NOT
6	SUBJECT TO LIABILITY ARISING FROM:
7	(1) THE INACCURACY OF ANY INFORMATION SUBMITTED TO THE
8	PROGRAM IN ACCORDANCE WITH THIS SUBTITLE; AND
9	(2) THE UNAUTHORIZED USE OR DISCLOSURE OF PRESCRIPTION
10	MONITORING DATA PROVIDED TO AN AUTHORIZED RECIPIENT.
11	(B) AN AUTHORIZED RECIPIENT, ACTING IN GOOD FAITH, IS NOT
12	SUBJECT TO LIABILITY ARISING SOLELY FROM:
13	(1) REQUESTING OR RECEIVING, OR FAILING TO REQUEST OR
14	RECEIVE, PRESCRIPTION MONITORING DATA FROM THE PROGRAM; OR
15	(2) ACTING, OR FAILING TO ACT, ON THE BASIS OF PRESCRIPTION
16	MONITORING DATA PROVIDED BY THE PROGRAM.
17	21-2A-08.
18	(A) THE PROGRAM, IN CONSULTATION WITH THE BOARD, SHALL
19	DEVELOP AND IMPLEMENT, OR CONTRACT WITH A VENDOR TO DEVELOP AND
20	IMPLEMENT, EDUCATION AND TRAINING COURSES RELATING TO THE
21	Program.
22	(B) THE COURSES REQUIRED UNDER SUBSECTION (A) OF THIS SECTION
23	MAY RELATE TO:
24	(1) THE TRANSMISSION, ACCESS, AND USE OF PRESCRIPTION
25	MONITORING DATA;
26	(2) Issues arising in prescribing and dispensing
27	MONITORED PRESCRIPTION DRUGS;
28	(3) Issues concerning identifying and treating
29	SUBSTANCE ABUSE AND ADDICTION; AND

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	10 COLUMN DILLI GEO
1	(4) THE ROLE OF MONITORED PRESCRIPTION DRUGS IN THE
$\overline{2}$	MANAGEMENT OF PAIN, INCLUDING THE DISTINCTION BETWEEN ADDICTION
3	AND PHYSICAL DEPENDENCE.
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4	21-2A-09.
5	(A) A DISPENSER WHO KNOWINGLY FAILS TO SUBMIT PRESCRIPTION
6	MONITORING DATA TO THE PROGRAM AS REQUIRED UNDER THIS SUBTITLE
7	SHALL BE SUBJECT TO A CIVIL PENALTY NOT EXCEEDING \$500 FOR EACH
8	FAILURE TO SUBMIT REQUIRED INFORMATION.
9	(B) AN AUTHORIZED RECIPIENT WHO KNOWINGLY DISCLOSES OR USES
10	PRESCRIPTION MONITORING DATA IN VIOLATION OF THIS SUBTITLE SHALL BE
11	GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO
12	IMPRISONMENT NOT EXCEEDING 1 YEAR OR A FINE NOT EXCEEDING \$10,000 OR
13	BOTH.
14	SECTION 2. AND BE IT FURTHER ENACTED, That implementation of the
15	Prescription Drug Monitoring Program to be established under § 21–2A–02 of the
16	Health - General Article, as enacted by Section 1 of this Act, is contingent on the
17	Department of Health and Mental Hygiene obtaining federal, private, or State funds
18	to carry out the purposes of this Act.
19	SECTION 3. AND BE IT FURTHER ENACTED, That the Prescription Drug
20	Monitoring Program to be established under § 21–2A–02 of the Health – General
21	Article, as enacted by Section 1 of this Act, may not collect prescription monitoring
22	data before June 1, 2009.
23	SECTION 4. AND BE IT FURTHER ENACTED, That, subject to Section 2 of
24	this Act, this Act shall take effect October 1, 2008.
25	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
26	June 1, 2008. It shall remain effective for a period of 2 years and, at the end of May 31,

2010, with no further action required by the General Assembly, this Act shall be

abrogated and of no further force and effect.