Department of Legislative Services

Maryland General Assembly
2017 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1211 (Delegate Frick)
Health and Government Operations

Health Care Providers - Opioid Prescriptions - Limitations and Requirements

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This bill prohibits a health care provider from writing a prescription for more than a seven-day supply of an opioid if the opioid is being prescribed to (1) a minor or (2) an adult who has not previously been prescribed an opioid for outpatient use. A health care provider who prescribes an opioid to a minor must discuss with the minor and, if present, the custodial parent or legal guardian, (1) the risks of addiction and overdose associated with the opioid; (2) the dangers associated with taking the opioid with alcohol, benzodiazepines, or other central nervous depressants: and (3) the reason that the prescription is necessary.

Fiscal Summary

State Effect: The bill does not directly affect governmental operations or finances.

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Current Law/Background:

Prescription Drug Monitoring Program (PDMP): Chapter 166 of 2011 established PDMP in the Department of Health and Mental Hygiene 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 controlled dangerous substances (CDS). 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.

Limitations on Opioid Prescribing in Other States: Seven states have placed duration or quantity limits on opioid prescribing, including Arizona, Connecticut, Maine, Massachusetts, Rhode Island, and Vermont.

- **Arizona:** Arizona's governor signed an executive order limiting the initial fill of any prescription opioid for state employees or individuals covered under the state's Medicaid program to no more than a seven-day supply. Subsequent opioid prescriptions for minors are also limited, except in the case of cancer, chronic disease, or traumatic injury.

- **Connecticut:** Established a seven-day limit for (1) adults for first-time outpatient use and (2) minors. Provides an exemption if, in the practitioner's professional judgment, a greater quantity is required to treat the patient's acute medical condition, chronic pain, cancer-associated pain, for palliative care, or drug dependence or abuse.

- **Maine:** Restricts opioid prescriptions to no more than 100 morphine milligram equivalent per day of any opioid or opioid-containing medications. Patients with acute pain are limited to no more than a seven-day supply. Patients with chronic pain are limited to no more than a 30-day supply. Includes exemptions for inpatient

use, cancer-related opioid therapy, palliative or end-of-life pain treatment, and medication-assisted treatment of a substance use disorder.

- **Massachusetts:** First-time prescriptions for patients treated on an outpatient basis are limited to a seven-day supply. Provides an exemption if, in the practitioner's professional judgment, a greater quantity is required to treat the patient's acute medical condition, chronic pain, cancer-associated pain, palliative care, or drug dependence or abuse.

- **New York:** A practitioner may not initially prescribe more than a seven-day supply of an opioid medication for acute pain. The limit does not apply to prescriptions for chronic pain, cancer care, hospice or other end-of-life care, or pain being treated as part of palliative care practices.

- **Rhode Island:** Authorizes the Director of the Department of Health to promulgate regulations limiting opioid prescriptions for acute pain. The regulations must limit initial opioid prescriptions to no more than a total of 20 doses. Exemptions apply for chronic pain, palliative care, nursing home care, and cancer pain.

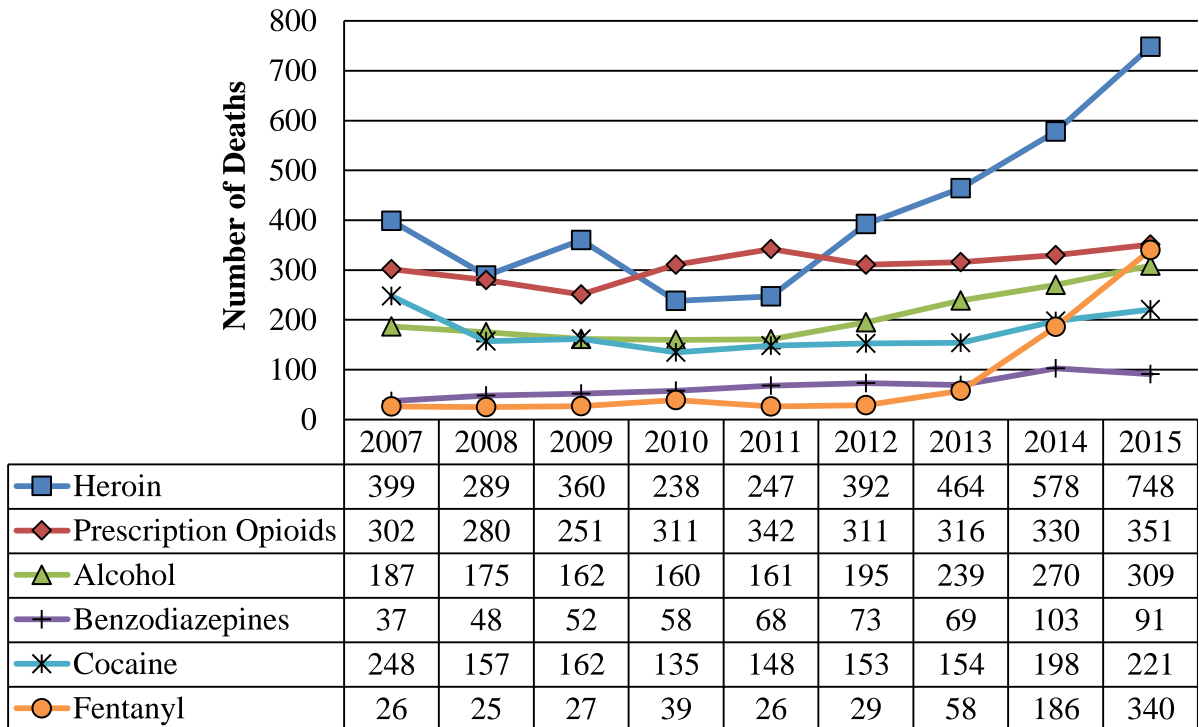
- **Vermont:** Requires the Commissioner of Health to adopt rules governing opioid prescribing and establishes that the rules may include numeric and temporal limitations on the number of pills prescribed, including the maximum number of pills to be prescribed following minor medical procedures.

Opioid-related Deaths in Maryland: According to DHMH's 2016 report, *Drug and Alcohol-Related Intoxication Deaths in Maryland*, drug- and alcohol-related intoxication deaths in Maryland increased for the fifth year in a row, totaling 1,259 deaths in 2015 – a 21% increase since 2014 and an all-time high. Of all intoxication deaths, 1,089 deaths (86%) were opioid related, including deaths related to heroin, prescription opioids, and nonpharmaceutical fentanyl. Opioid-related deaths increased by 23% between 2014 and 2015 and have more than doubled since 2010. Heroin- and fentanyl-related deaths have risen particularly sharply. The number of heroin-related deaths increased by 29% between 2014 and 2015 and has more than tripled between 2010 and 2015. The number of fentanyl-related deaths increased by 83% between 2014 and 2015 and has increased nearly twelvefold since 2012. **Exhibit 1** shows trends in drug- and alcohol-related intoxication deaths in Maryland from 2007 through 2015.

Preliminary data from DHMH indicates that the number of intoxication deaths increased at an even steeper rate in 2016, with 1,468 deaths from January through September 2016 compared to 904 deaths during the same period in 2015 (a 62% increase). Additionally, for January through September 2016, the number of heroin-related deaths increased 72%

and the number of fentanyl-related deaths increased nearly fourfold compared to the same period in 2015.

Exhibit 1
Total Number of Drug- and Alcohol-related Intoxication Deaths
By Selected Substances in Maryland
2007-2015



	2007	2008	2009	2010	2011	2012	2013	2014	2015
Heroin	399	289	360	238	247	392	464	578	748
Prescription Opioids	302	280	251	311	342	311	316	330	351
Alcohol	187	175	162	160	161	195	239	270	309
Benzodiazepines	37	48	52	58	68	73	69	103	91
Cocaine	248	157	162	135	148	153	154	198	221
Fentanyl	26	25	27	39	26	29	58	186	340

Source: Department of Health and Mental Hygiene

Additional Comments: House Bill 1432 of 2017 would prohibit a health care provider, on the initial consultation or treatment for pain, from prescribing a patient more than a seven-day supply of an opioid that is a Schedule II or Schedule III CDS, with specified exceptions. A violation of the opioid prescribing limitation is grounds for disciplinary action by the appropriate health occupations board. Failure to comply with the opioid prescribing limitation is grounds for denial, suspension, revocation, or refusal to renew a CDS registration.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): U.S. Centers for Disease Control and Prevention; Department of Health and Mental Hygiene; Department of Legislative Services

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md/ljm

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