HB 755

Department of Legislative Services

Maryland General Assembly
2019 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 755 (Delegate Kipke)
Health and Government Operations

Public Health - Gabapentin - Monitoring by Prescription Drug Monitoring Program and Report

This bill adds gabapentin to the list of substances that the Prescription Drug Monitoring Program (PDMP) must monitor. The Maryland Department of Health (MDH) must report to specified committees of the General Assembly by December 31, 2019, on whether gabapentin should be added to a controlled dangerous substances (CDS) schedule. **The bill takes effect June 1, 2019.**

Fiscal Summary

State Effect: No effect in FY 2019; however, general fund expenditures increase by approximately $34,000 annually beginning in FY 2020, as discussed below. Any further operational impact can be absorbed within existing budgeted resources. Revenues are not affected.

(in dollars)	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Revenues	$0	$0	$0	$0	$0
GF Expenditure	0	34,000	34,000	34,000	34,000
Net Effect	$0	($34,000)	($34,000)	($34,000)	($34,000)

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

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law:

Prescription Drug Monitoring Program

Chapter 166 of 2011 established 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. As of July 1, 2017, all CDS dispensers are required to register with PDMP. As of July 1, 2018, prescribers are required to (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.

Controlled Dangerous Substances Schedules

Under the Maryland Controlled Dangerous Substances Act there are five CDS schedules. MDH must make specified findings before adding a new drug to any schedule. The criteria for adding a substance to each schedule is as follows:

- Schedule I substances have (1) high potential for abuse; (2) no accepted medical use in the United States; and (3) a lack of accepted safety for use of the substance under medical supervision;

- Schedule II substances have (1) high potential for abuse; (2) currently accepted medical use in the United States or currently accepted medical use with severe restrictions; and (3) evidence that abuse of the substance may lead to severe psychological or physical dependence;

- Schedule III substances have (1) potential for abuse that is less than that for substances in schedules I or II; (2) well documented and approved medical use of the substance in the United States; and (3) evidence that abuse of the substance may lead to moderate or low physical dependence or high psychological dependence;

- Schedule IV substances have (1) low potential for abuse relative to substances listed in Schedule III; (2) currently accepted medical use for treatment in the United States; and (3) evidence that abuse of the substance may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III; and

- Schedule V substances have (1) low potential for abuse relative to substances listed in Schedule IV; (2) currently accepted medical use in the United States; and (3) evidence that abuse of the substance may lead to limited physical dependence or psychological dependence liability relative to substances in Schedule IV.

Background:

Gabapentin

Gabapentin, also known as Neurontin, is usually prescribed to treat seizure disorders and nerve pain. However, there are other off-label uses for the treatment of other pain syndromes, anxiety, mood disorders, restless legs syndrome, and alcohol withdrawal. In 2016, the Partnership for Drug-Free Kids reported that calls to poison control centers regarding gabapentin had increased fourfold since 2006.

Best Practices

In its 2017 publication *The Best Practice Checklist*, the Prescription Drug Monitoring Program Training and Technical Assistance Center (TTAC) recommended the collection of data on nonscheduled drugs that are implicated in abuse as determined by each state. In making this recommendation, TTAC noted that certain drugs that are not federally scheduled or scheduled by most states, such as gabapentin, are sometimes abused, particularly when mixed with other drugs like opiates and benzodiazepines. As of March 2017, there were 27 states in which prescription drug monitoring programs had the authority to track non-CDS that are judged to demonstrate a potential for abuse. At least three states (Kentucky, Minnesota, and Virginia) currently monitor gabapentin through their prescription drug monitoring programs.

State Expenditures: Based on data from Minnesota and Kentucky regarding the number of prescriptions for gabapentin monitored in those states, the number of PDMP prescription records in Maryland is estimated to increase by 21.8% to add gabapentin as a monitored substance. PDMP advises that it costs approximately $0.064 per prescription to process additional prescription records above an annual total of 10 million. In calendar 2018, PDMP processed 8.65 million records. Adding gabapentin is estimated to push the total number of prescription records to 10.53 million.

Although the bill takes effect June 1, 2019, expenditures are not affected in fiscal 2019 since the 10 million threshold is not exceeded by adding gabapentin for one month of the fiscal year. However, beginning in fiscal 2020, PDMP general fund expenditures increase by approximately $34,009 on an annual basis to process an estimated additional 531,389 records. To the extent the number of gabapentin prescriptions is lower than anticipated, general fund expenditures are reduced.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Partnership for Drug-Free Kids; Prescription Drug Monitoring Program Training and Technical Assistance Center; Maryland Department of Health; Department of Legislative Services

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